DOCUMENT RESUME

ED 236 378 CE 037 438

TITLE	Journal of Human Services Abstracts. Volume 8. Number 3.
INSTITUTION	Aspen Systems Corp., Germantown, Md.
SPONS AGENCY	Department of Health and Human Services, Rockville, Md. Project Share.
PUB DATE	Jul 83
CONTRACT	HHS-100-81-0052
NOTE	95p.; For related documents, see ED 218 502, ED 221 673, and ED 226 203.
PUB TYPE	Collected Works - Serials (022) -- Reference Materials - Bibliographies (131)
JOURNAL CIT	Journal of Human Services Abstracts; v8 n3 Jul 1983
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTOPS	Abstracts; *Administration; Career Counseling; *Citations (References); Community Relations; *Cooperative Planning; Counseling Services; Delinquency; Delivery Systems; Disabilities; Disadvantaged; Employment Services; Health Services; *Human Services; Institutional Cooperation; Job Development; Minority Groups; Money Management; Older Adults; Personnel Management; Personnel Policy; *Program Evaluation; *Social Services; Transportation; Vocational Education

ABSTRACT

This quarterly journal contains abstracts of 150 of the documents recently included in Project SHARE automated database. (Project SHARE is a national clearinghouse for improving the management of human services.) The journal is divided into four parts: the abstracts themselves arranged in alphabetical order by title, a list of personal and corporate authors, an alphabetical list of documents, and a subject index. The index lists abstract numbers under specific subject categories. The categories of the index are alphabetically arranged and include cross-references between conceptually related index terms and cross-references from synonyms to the preferred terms. Some of the topics covered in the material abstracted include the following: abused children, abused wives, acutely ill persons, human services planning, linkages, agency accountability for funds, agency accounting methods, community relations, alcohol abuse counseling, agency evaluation, budgeting, case management, child placement services, client advocacy, college/university research centers, community services, computerized services, planning for the elderly, physically disabled persons, economic development, disadvantaged persons, employment counseling, job development services, fund raising, group homes, health services, home assistance services, service delivery, juvenile delinquents, management by objectives, mental health services, minority groups, priority of needs, personnel administration, personnel development and training, vocational education, transportation services, and cooperative joint planning. Information on how to order documents is provided. (KC)

ED236378

Journal of Human Services Abstracts

VOLUME 8 NUMBER 3 July 1983

PREFACE	**iii**
About This Journal	iii
How To Use This Journal	iii
How To Order Documents	iv
How To Submit Documents	iv
Reference Services	iv
A Note to Readers	iv
ABSTRACTS	**1**
LIST OF AUTHORS	**71**
LIST OF DOCUMENTS	**81**
INDEX	**85**

Project Officer, William L. Daniels
Office of the Assistant Secretary for Planning and Evaluation
Department of Health and Human Services

The *Journal of Human Services Abstracts* is published quarterly (January, April, July, October) by

Project SHARE
P.O. Box 2309
Rockville, MD 20852
(301) 251-5170

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

PROJECT SHARE

A National Clearinghouse for Improving the Management of Human Services

Project SHARE is operated by Aspen Systems Corporation under HHS Contract No. HHS-100-81-0052.

CE 037 438

The views expressed herein are not necessarily those of the Department of Health and Human Services or of the contractor, Aspen Systems Corporation, but are those of the individual document authors.

Preface

About This Journal

The *Journal of Human Services Abstracts* is published quarterly by Project SHARE, a National Clearinghouse for Improving the Management of Human Services. Project SHARE acquires, evaluates, stores, and makes available a broad range of documentation on subjects of concern to those responsible for the planning, management, and delivery of human services. Project SHARE is operated for the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, by Aspen Systems Corporation.

Each issue contains abstracts of 150 of the documents recently included in the Project SHARE automated data base. Additional documents acquired by SHARE are included in bibliographies on selected topics. The documents announced in SHARE's publications are restricted to those documents actually acquired by Project SHARE and are not meant to provide comprehensive coverage of the field.

The *Journal of Human Services Abstracts* is divided into four parts: the abstracts themselves arranged in alphabetical order by title, a list of personal and corporate authors, an alphabetical list of documents, and a subject index. The index is a timesaving guide that lists abstract numbers under specific subject categories. The numbers following the index terms refer to the abstracts as they appear in this journal. Do not confuse these numbers with the accession and ordering numbers that appear in bold-face type in the body of each citation. The categories are alphabetically arranged and include cross-references between conceptually related index terms and cross-references from synonyms to the preferred terms. Here is an excerpt from a typical subject index.

Federal-local government relationships
54
Federal-municipal government relationships
48
Federal-nonfederal government/private organization relationships
10, 23, 89, 94
Financial assistance (emergency)
See Emergency services
Financial management procedural constraints
48

As can be seen, one document is relevant to at least two of the subject categories — abstract number 48.

48 *Funding Problems in Human Services: A Local Government Perspective.*
Mary Kelly-Rader
1982, 26p
SHR-0009712 Pub. in Jnl. of Health and Human Resources Administration v4 n4 p487-512
Spring 1982.

In the above citation, we see that abstract 48, entitled *Funding Problems in Human Services: A Local Government Perspective,* was written by Mary Kelly-Rader, that the report was published in 1982 in the *Journal of Health and Human Resources Administration,* that it is 26 pages long, and its accession-order number is **SHR-0009712.** If the document were available from the National Technical Information Service or a private publisher, the statement would say "Available from NTIS" or give another source and the address. The actual abstract of the document immediately follows the citation.

How To Order Documents

To order a document announced in the *Journal of Human Services Abstracts,* note the availability statement. Documents must be ordered from the sources indicated.

Orders to NTIS *must* be accompanied by payment in full unless a deposit account has been established. Prices are listed below according to the number of pages in the document.

Page Range	Domestic Price
001 – 025	$ 7.00
026 – 050	8.50
051 – 075	10.00
076 – 100	11.50
101 – 125	13.00
126 – 150	14.50
151 – 175	16.00
176 – 200	17.50
201 – 225	19.00
226 – 250	20.50
251 – 275	22.00
276 – 300	23.50
301 – 325	25.00
326 – 350	26.50
351 – 375	28.00
376 – 400	29.50
401 – 425	31.00
426 – 450	32.50
451 – 475	34.00
476 – 500	35.50
501 – 525	37.00
526 – 550	38.50
551 – 575	40.00
576 – 600	41.50

Address these orders to:

NTIS
5285 Port Royal Road
Springfield, VA 22161

To order documents from other sources, please order *directly* from the source noted in the citation. Prices of documents from private publishers are not given because they are subject to frequent change.

How To Submit Documents

Readers are urged to submit documents, or information on the whereabouts of significant documents, for possible inclusion in the Project SHARE data base. Documents, in reproducible form, should be submitted to:

Acquisitions Department
Project SHARE
P.O. Box 2309
Rockville, MD 20852

Documents requiring special permission for reproduction and dissemination should be accompanied by such permission in writing or a statement from the originating organization.

Reference Services

Project SHARE offers an on-demand reference service that permits individuals and organizations to contact the clearinghouse by mail or phone and initiate requests for information on any topic(s) within the scope of Project SHARE's mandate. Project SHARE's scope of activities is outlined in the Project SHARE brochure.

Reference requests for customized, annotated bibliographies tailored to the user's needs will be filled for $30. Standard searches are $10. Searches are generated primarily from the Project SHARE data base. Responses are also augmented through the use of other data resources available to the clearinghouse's reference staff.

Reference requests may be initiated by calling or writing Project SHARE.

A Note to Readers

Any questions, comments, or criticisms you may have concerning the *Journal of Human Services Abstracts* or Project SHARE should be addressed to William L. Daniels, Project Officer, at the following address:

Project SHARE
P.O. Box 2309
Rockville, MD 20852
(301) 251-5170

Abstracts

301 *Accounting for Nonprofit Organizations.*
Donald R. Walko, and Mary L. Farnsworth
Community Technical Assistance Center, Pittsburgh, PA.
Pittsburgh City Community Development Block Grant Citizen Participation Program, PA.
Pittsburgh Foundation, PA.
Alcoa Foundation, Pittsburgh, PA.
PPG Industries Foundation, Pittsburgh, PA.
Hillman Foundation, Inc., Pittsburgh, PA.
1981, 36p
SHR-0010048 Available from Community Technical Assistance Center, Inc., 307 Fourth Avenue, Room 1305, Pittsburgh, PA 15222.

This booklet is a guide for small nonprofit organizations to the adoption of an accounting system that will facilitate their bookkeeping and financial accountability. The first step toward setting up an accounting system is deciding on the type of system to best meet the organization's needs. If an organization averages one or fewer transactions (receipts or payments) per day, and if the funds received carry no restrictions as to their use, an adequate account can be maintained with just a well-kept checkbook. Categorizing receipts and expenditures in a simple set of books is recommended for organizations that write many checks or receive funding earmarked by donors for specific purposes. The guide provides instructions on the checkbook system, cash-basis bookkeeping, depreciations, the trial balance, and on closing books. Procedures are also delineated for making financial statements, managing the payroll register, accounting for fundraising events, and maintaining internal controls. The appendix illustrates formats of working accounting records. An index is provided.

302 *ADAMHA Prevention Policy and Programs, 1979-1982.*
Alcohol, Drug Abuse, and Mental Health Administration, Rockville, MD. Div. of Prevention.
1981, 78p
SHR-0010207 Available NTIS PC$11.50/MF$4.50

The prevention programs of the Alcohol, Drug Abuse, and Mental Health Administration target the reduction of alcohol and drug abuse and the control of stress, as well as research into drug and alcohol abuse causes, family mental health planning, and behavioral aspects of smoking cessation. The agency's mandate also includes investigation of the extent to which adverse social conditions affect alcohol, drug, and mental problems and the mechanisms by which such an impact occurs. The agency requires that prevention demonstration programs be subjected to evaluation of outcome appropriate to the demonstration's stage and design. It has evaluation guidelines and encourages joint programming. The agency emphasizes knowledge development, demonstration programs, project evaluation and replication, and dissemination of information to the field. It provides limited funding for prevention services at the State and local level, which must raise the bulk of funds from public and private sources. The report lists prevention goals, strategies, and philosophies, as well as actual prevention programs of the National Institute of Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health. References and study data, including some budget estimates and grant information, are included.

303 *Adult Children as Caregivers to Elderly Parents: Correlates and Consequences.*
Amy Horowitz
1982, 408p
SHR-0010269 Available from University Microfilm International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study systematically examines the caregiving relationship between adult children (providers) and the impaired elderly in order to better understand its causes and consequences. A total of 131 adult children identified as primary caregivers were interviewed. Study findings indicate that the typical caregiving child is a late middle-aged daughter holding concurrent responsibilities to other family members as well as working outside the home. Emotional support was the most universal caregiving activity, although substantial proportions also assisted with linkage tasks, instrumental services, and financial assistance. Primary caregiving strains resulted from the emotional aspects of providing care and restrictions of time and freedom necessitated by caregiving responsibilities. The most salient independent predictors of caregiving involvement were the parent's level of impairment, the quality of the parent-child affective relationship, the child's sex and marital status, and the degree of anticipatory planning for caregiving. The child's employment status did not impinge on fulfilling caregiving responsibilities. Significant variables predicting perceived negative consequences included the extent of caregiving involvement; the parent's level of impairment; the perception of unmet service needs; the quality of the parent-child affective relationship; and the child's social class, sex, and health status. The extent of formal service use did not emerge as a significant predictor of caregiving consequences, although service input did reduce caregiving status. Implications for policy, practice, and service delivery are discussed. Footnotes, study data, and about 200 references are supplied. Study instruments are appended. *Author abstract modified. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare to Columbia University, 1982.*

304 *Adult Day Health: A Promising Venture for CBOs.*
William Pomeranz, Kathryn Duke, and Steven Rosenberg
Administration on Aging, Washington, DC.
1982, 12p
SHR-0010292 Pub. in Economic Development and Law Center Report v12 n4 p31-42 fall 1982.

This article recommends that community-based organizations help residents of low-income and minority communities remain independent by providing adult day health care (ADHC). ADHC is a relatively new concept subject to varying definitions, but programs have been classified into three categories: social programs which do not provide health care directly, maintenance programs with health professionals on the staff, and restorative programs offering intensive, health supportive services. However, many programs combine these elements. ADHC eligibility criteria often deal explicitly with an elderly person's physical and mental health and his or her social support systems, and some require a physician's approval. Data from existing programs suggest that the average age of ADHC participants is mid-to-late 70's and they live with someone else. A few States now make adult day health care an optional Medicaid service, and others have used Medicaid mental health funds for such programs. This article provides suggestions on program planning and implementation for groups in States with Medicaid funds available for ADHC. It outlines objectives for an ADHC program and identifies basic services it must provide. Descriptions of programs in Georgia and Massachusetts illustrate the kinds of additional services an ADHC project might offer. Also discussed are the cen-

ter's role in the local community and linkages with medical institutions and local professionals. Suggestions on starting an ADHC program cover needs assessment methods, developing referral sources, promotional activities, predicting budget and staffing patterns, contracting out services, and locating a site. Facility requirements and startup costs are detailed. Photographs, tables, and 13 footnotes are included.

305 *Agencies Working Together: A Guide to Coordination and Planning.*
Robert J. Rossi, Kevin J. Gilmartin, and Charles W. Dayton
American Institutes for Research in the Behavioral Sciences, Palo Alto, CA.
California State Dept. of Employment Development, Sacramento.
Michigan Univ., Ann Arbor. School of Social Work.
1982, 119p
SHR-0010181 Available from Sage Publications Inc., 275 South Beverly Drive, Beverly Hills, CA 90212.

The guide outlines 22 approaches to interagency coordination. Benefits reaped from such coordination are improved staff effectiveness, improved public image, reduced fragmentation of services, and greater efficiency. Steps involved in achieving enhanced interagency coordination include building a sense of common purpose, meeting immediate client needs, jointly gathering and using information, and integrating program administration. Some approaches mentioned are establishing common objectives; using client conferences, client teams, and staff outstationing; and implementing joint intake and assessment. Additional ways of coordinating involve organizing an information clearinghouse and jointly gathering data to improve delivery of services. To achieve an integrated program administration, agencies need to jointly design their program, jointly operate the program, and jointly evaluate the program. A glossary and annotated bibliography of five references are appended. *Sage Human Services Guide, no. 28.*

306 *Aging in Place: Strategies to Help the Elderly Stay in Revitalizing Neighborhoods.*
Phyllis Myers
Conservation Foundation, Washington, DC.
Administration on Aging, Washington, DC.
New York Foundation, NY.
1982, 106p
SHR-0010316 Available from The Foundation, 1717 Massachusetts Avenue NW, Washington, DC 20036.

This sourcebook brings together information about where and why neighborhood revitalization is occurring, how the elderly are affected, and what local programs are helping elderly persons remain in their homes and neighborhoods despite the inflationary pressures of neighborhood reinvestment. Specific strategies developed to help the elderly remain in their homes include programs concerned with home maintenance and repair, reducing energy costs, home equity conversion, and property tax abatement. Among various tax abatement strategies are circuit breakers, which reduce property tax liability according to income; homestead exemptions, which reduce the assessed value of owner-occupied homes; property tax freezes, which fix the annual amount of future property tax liability for an owner; and tax deferrals. Comprehensive tax credits offer general tax relief to low-income households, while renters' credits reduce State income tax liability of renters, on the assumption that some part of a household's rent was used to pay property taxes. Most tax deferral programs are limited to persons at least 65 years old and include income guidelines. Strategies to help elderly renters include rent controls, condominium conversion controls, helping tenants become owners, and assistance to single-room occupants. In addition, innovative housing alternatives geared for the elderly include homesharing and group homes, accessory apartments, "granny flats," and adaptive re-use

of buildings for senior housing. Chapter references, footnotes, tables, study instruments, and additional resources are supplied.

307 *Aging of the Baby Boom Generation and Its Impact Upon Health Care.*
Brenda S. Burton
North Texas State Univ., Denton. Center for Studies on Aging.
Apr 82, 69p
SHR-0010220 Available from Center for Studies in Aging Resources, PO Box 13438, NT Station, Denton, TX 76203.

Wide-ranging social impacts have resulted from the post-war "baby boom," both on society in general and health care in particular. This growth in population has necessitated restructuring of many basic institutions as the baby boom cohort ages. Just as the educational system and labor market were forced to expand significantly, so will repercussions be felt in health care and other institutions. The current medical model will not meet these needs, and efforts must be channeled into the development of a continuum of related, integrated services for the elderly. This planning must consider social, economic, and demographic interactions; it must begin soon and in such a way as to allow for flexibility. Planning for the 21st century must take into account an elderly population who will be larger and better educated, and concomitantly, more aware of their rights and needs. Chapter references, a bibliography of over 40 cited works, and supplementary data are included. *Center Studies Series, no. 28.*

308 *Altering Incentives in Health Care Delivery.*
Barbara W. Greenman
Institute for Health Planning, Madison, WI.
Health Resources Administration, Hyattsville, MD.
Dec 82, 46p
SHR-0010118 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

This document presents three strategies which modify underlying incentives in the health care delivery and financing system in the pursuit of cost containment. These three approaches are prepaid health care, self-insurance, and preferred provider organizations. Prepaid health care forces the health care delivery system to work within a budget fixed by a periodic, prepaid fee. Self-insurance has the employer assume the risk of providing health care benefits rather than a third-party insurer. A preferred provider organization offers discounted health care to a group of beneficiaries. The analysis explores the effect each strategy has on incentive mechanisms and provides case examples of all three approaches. Footnotes and about 80 references are given. *Author abstract modified.*

309 *American Indian Elderly: Needs Assessment and Student Training Model.*
Geraldine Goenett Daines
Jun 80, 110p
SHR-0010125 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

The study reports the results of an initial survey completed by the staff of the Social Work Career Training Program for American Indians/Alaska Natives of the University of Utah School of Social Work, which identified the programs that were being offered to Indian aged both in urban and reservation areas. Two reservation and two urban agencies serving the Indian aged were evaluated by site interviews to find out about agency and service provider characteristics, clients' ages, and services provided. A beginning framework was developed of essential components included in social work training

programs related to attitudes, knowledge, and skills needed by those who work with older American Indians. Various recommendations concerning the beginning framework included more study to ascertain the validity of the materials developed from service providers at the four regional sites, and an additional project to be undertaken with the service consumers concerning the knowledge and skills needed by social workers dealing with the Indian elderly. Among other recommendations were that the beginning framework be implemented in one of the six schools of social work that recruit American Indians into the social work profession, that tribal governments maintain and practice self-determination in the development of services to meet their Indian elderly's needs, and that age not be the only criteria for service eligibility. Moreover, cultural practices must be recognized in determining service program development and implementation. Tables, 27 references, and study instruments are included. *Author abstract modified. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Work to the University of Utah, Graduate School of Social Work, 1980.*

310 *Analysis, Design and Implementation of an On-line Patient Information System in a Multi-Clinic Environment.*
Elie Georges Hayeck
Jan 81, 242p
SHR-0010108 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This dissertation reports the design and implementation of an on-line relational data base system on a PDP 11/70 computer for entry and retrieval of patient records. A top-down, modular design approach was used. Data structures used were B-tree, hashing, and indexing. The principles of structured programming and of standardization were followed in the program's development. Data base maintenance has been kept to a minimum. System features include on-line data entry, update, and retrieval in block transmission mode with feedback mechanism and multiple key access, which allows name search through phonetic sounding. Other features are an option for sharing demographic and clinical data by multiple clinics, patient query through secondary keys, frequency distributions, and table-driven printouts. Charts, tabular data, and about 300 references are given. Additional material is appended. *Author abstract modified. Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Biomedical Engineering to University of Virginia, 1981.*

311 *Assessing and Improving State Social Service Programs, Volume I.*
A. Majchrzak, A. Schroeder, and R. Patchen
Aurora Associates, Inc., Washington, DC.
Office of Assistant Secretary for Planning and Evaluation (HHS), Washington, DC. Office of Evaluation and Technical Analysis.
Westat, Inc., Rockville, MD.
Sep 82, 124p
SHR-0010305 Available NTIS PC$13.00/MF$4.50

This report was written in response to Section 2355 of the 1981 Omnibus Budget Reconciliation Act. Material gathered in seven States – Maine, Iowa, Wisconsin, Washington, Colorado, Florida, and Texas – revealed several operational definitions of program effectiveness and useful information for assessing social service effectiveness and efficiency. Three management information planning processes were identified in the seven States visited: Washington's planning process for Block Grant Implementation, Maine's client-oriented management planning system, and Texas' needs assessment, designed to project service needs and client income levels. Two exemplary mechanisms to develop a State's assessment capability were identified: Florida's program

evaluation and planning system and Colorado's assessment planning process. The most prevalent mechanism focuses on processes that promoted the ongoing and systematic monitoring and review of State social service programs, versions of which were found in Maine, Texas, Florida, and Colorado. An exploration of a Federal incentive system for the social services concludes that this is not a feasible option for rewarding States for high performance in social service programs. A total of 12 references are supplied. A topic guide for site visits, definitions of efficiency, and State contacts are appended. *See also volume II, SHR-0010304.*

312 *Assessing and Improving State Social Service Programs, Volume II.*
A. Majchrzak, A. Schroeder, and R. Patchen
Aurora Associates, Inc., Washington, DC.
Office of the Assistant Secretary for Planning and Evaluation (HHS), Washington, DC. Office of Evaluation and Technical Analysis.
Westat, Inc., Rockville, MD.
Sep 82, 235p
SHR-0010304 Available NTIS PC$20.50/MF$4.50

This report presents results of site visits to Maine, Iowa, Wisconsin, Washington, Colorado, Florida, and Texas to ascertain methods used to evaluate State social service programs' effectiveness. In Maine, the client-oriented approach to planning social services programs provides a good framework for the continued development of measurable performance criteria. Most of the uses made of the assessment data currently available were aimed at determining service costs and if the services were meeting clients' needs. In Iowa, the current environment surrounding the use of assessment data for long-term program planning has been severely affected by State and Federal funding reductions for social service programs. Wisconsin's efforts to assess social service programs' effectiveness on a statewide basis include a Human Services Taxonomy Project to develop and test common service definitions in order to increase consistency among the counties, as well as development of an improved statewide management information system for social services. Washington State is planning to develop and implement client outcome measures and workload standards, while Colorado's Department of Social Services is developing a comprehensive strategy to assess effectiveness and efficiency of its social services programs. In Florida, great emphasis is put on administrative and procedural performance, and program effectiveness is defined in process terms. Finally, Texas has developed a substantial capacity to evaluate the program effectiveness and efficiency. Supplemental material and references for each site visit are included. *See also volume I, SHR-0010305.*

313 *Assessing Case Management in the Child Abuse Field.*
Anne H. Cohn, and Beverly DeGraaf
Berkeley Planning Associates, CA.
National Center for Health Services Research, Hyattsville, MD.
1982, 15p
SHR-0010276 Pub. in Jnl. of Social Service Research v5 n1/2 p29-43 1982.

To identify essential elements of quality case management in the child abuse field and determine relationships between case management and treatment outcome, this study examined 354 child abuse cases, using audit techniques developed in the medical field. Case management was applied to all phases of service delivery, from intake through diagnosis, development of a treatment plan, management of service delivery and referral, to case termination and followup after termination. Factors associated with quality service delivery were immediacy of response to incoming reports, recontacting the reporting source for further background information, use of multidiscipli-

nary team reviews, use of outside consultation, and intensity of contact between client and case manager throughout the history of the case. Also associated with quality service delivery were a longer time in process (cases were open for more than 6 months), followup contacts after termination of the case, smaller caseload sizes, and case managers having professional training and more than 3 years of experience in the treatment of child abuse. While these factors do not necessarily directly affect treatment outcome, they serve as important guidelines for future studies in this area. *Author abstract modified.*

314 *Assessing Permanency Planning in Florida's Foster Care System: A Look at the Implementation and Effects of the 1980 Revisions to Section 409.168, F.S.*
Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
6 Oct 82, 145p
SHR-0010121 Available from State of Florida Department of Health and Rehabilitative Services, 1317 Winewood Blvd., Office of Evaluation, Room 423 Building 1, Tallahassee, FL 32301.

This report examines Florida's permanency planning for children in foster care with respect to the process (i.e., case planning, review, and training) and outcome (i.e., length of stay and achievement of permanent placements). The evaluation assessed compliance with the statute and the quality of work performed through a case record review of foster care clients. Judges, foster care counselors, and foster parents were surveyed; biological parents and children in foster care were interviewed. A sample of 201 foster care cases from all Florida districts was selected from cases opened since December 1980. The study related the following variables to the achievement of permanent placement: child and family characteristics, previous preventive services provided the family, factors pertinent to the current placement in foster care, and current services provided. Findings and recommendations are based on weaknesses discerned in the performance agreement form, interprogram coordination, delayed action after expiration of agreement, low rate of parent-child and parent-counselor contact, variability in length of stay, the adoption process as a barrier to permanent placement, conflicting judgments and attitudes as barriers to permanent placement, and other program shortcomings. Tabular data are given; footnotes are provided. Study documentation is appended. *Report E-82-4.*

315 *Assessing the Effectiveness of Providing Community Care for the Elderly and Disabled.*
Robert Alan Applebaum
1980, 217p
SHR-0010221 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

Using information from the Wisconsin Community Care Organization (CCO), this research evaluates the State's expanded system of home care (directed toward the elderly and disabled) within a cost-effectiveness framework. It reviews the long-term care system, research on long-term care alternatives, the development of a design and costs model for evaluating the community care alternative, and interpretation of data from the Wisconsin project. Clients in Wisconsin were compared to a corresponding control group receiving traditional community services. Subjects' mortality, morbidity, and rate of institutionalization were assessed. There were no differences between groups on survival and institutionalization rate. Experimental clients had a lower number of nursing home and inpatient hospital days, as well as reduced Medicaid expenditures when CCO costs were excluded. Study data, survey instruments, and about 95 references are included. Implications

of the findings for future home care services are discussed. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to University of Wisconsin-Madison, 1980.*

316 *Block Grants: A New Chance for State Legislatures to Oversee Federal Funds.*
Barbara Yondorf, and Karen Benker
National Conference of State Legislatures, Denver, CO. Fiscal Affairs Program.
Feb 82, 42p
SHR-0010140 Available from National Conference of State Legislatures, Fiscal Affairs Program, 1125 17th Street, 15th Floor, Denver, CO 80202.

This paper reviews State legislative financial activity regarding the new Federal consolidated aid programs, enacted in 1976. The paper also reviews the general features and requirements of the block grants, discusses the present issues and problems that State legislators have identified regarding block grants, and outlines the new fiscal 1983 administration budget proposals consolidating some existing programs into eight new block grants and modifying other existing programs. Information regarding individual State actions about the 1981 consolidated Federal aid programs was gathered through two fiscal surveys. Tabular data are provided. The appendices include a description of legislative procedures adopted in response to block grants and Federal fund cutbacks during 1981 and recommendations for improving State legislative oversight of Federal funds. *Legislative Finance Paper no. 15.*

317 *Board of Directors and Agency Accountability.*
Sheldon R. Gelman
1982, 9p
SHR-0010273 Pub. in Social Casework v64 n2 p83-91 Feb 83.

The board of directors of the nonprofit organization is the most appropriate body to exercise the accountability function, which is becoming increasingly important in the social service arena. As legally constituted and originally envisioned, the board was designed specifically to assume this function. However, as time passed and agencies became more complex, this crucial role appears to have been diluted, coopted, and subverted, to the detriment of all parties involved. However, the board's actual legal responsibility is the same as or greater than originally envisioned, since the responsibility for the achievement of agency goals in private nonprofit organizations is legally set forth in the agency charter and rests with the board. In recent years, this crucial fact has often been overlooked or deliberately ignored. If the board's original function can be revitalized to include goal evaluation, a more realistic and active monitoring of policy implementation and goal achievement can occur. In this way, the problem of accountability can be solved through internal action and self-discipline. Therefore, board members should play more active roles within the nonprofit agency. The existing pattern of agency board structure should be restructured, with the board increasingly composed of persons who make possible the development of a self-evaluating and accountable agency. Footnotes are provided.

318 *Capturing the Change: The Impact of Indochinese Refugees in Orange County: Challenges and Opportunities.*
C. Beth Baldwin
Immigrant and Refugee Planning Center, Santa Ana, CA.
1982, 146p
SHR-0010142 Available from Immigrant and Refugee Planning Center, 1823 East Seventeenth Street, Suite 103, Santa Ana, CA 92701.

This report summarizes research sponsored by businesses to assess the impact and potential of the influx of 56,000 Indochinese refugees (Cambodian, Laotian, Lao Hmong, and Vietnamese) into Orange County, Calif. The study sought to define for employers the characteristics of a new labor force and to assess how the resettlement of refugees has affected and will continue to affect the community, both beneficially and adversely. Data were gathered through extensive interviews with local officials, businessmen, long-time county residents (n. 604) and refugees (n. 534). The report explains the background causes of the refugees' arrival between 1975 and 1982, in the wake of the Indochinese war. Study findings are presented in terms of employment, education, welfare dependency, and community tension. Recommendations highlight steps that various sectors of the community (educators, businessmen, agency personnel) can take to facilitate the acculturation and economic integration of the Indochinese newcomers. Specific steps are outlined for reducing community tensions.

319 *Care for the Disabled: Family and Public Responsibilities.*
Francis G. Caro
Community Service Society of New York. Inst. for Social Welfare Research.
Apr 80, 14p
SHR-0010331 Available from The Community Service Society, Office of Information, 105 East 22nd Street, New York, NY 10010.

Policymakers today must decide the extent to which assistance should be provided on an ongoing basis with tasks of daily living at public expense to those disabled living independently, especially when family members are present. Such help can be offered either through subsidized services or through cash payments which can be used to purchase services or compensate family members for their helping efforts. Proponents argue that since the public finances such care for many institutionalized persons, the public also should do so for similar persons living independently. This argument has been made on behalf of both the functionally disabled elderly and developmentally disabled young persons. In some jurisdictions, extensive public resources are being used for such services to low-income functionally disabled persons on an ongoing basis, while other jurisdictions have demonstration programs for the same population. To date, the filial responsibility issue deficits of those living independently would be far less expensive if limited to those without family resources. However, both the feasibility and desirability of support services limited to those without family resources is in doubt, since public programs so limited encourage family dissolution. Moreover, caring for a functionally disabled relative may be highly disruptive and unwelcome to some family members; moreover, it can be argued that family participants in the care of functionally disabled have a right to a normal life. Accordingly, there should be limits to what is expected of them. A total of 14 references are provided. *Prepared for presentation at the National Research Forum on Family Issues of the White House Conference on Families, Washington, D.C., April 11, 1980.*

320 *Case Management in Mental Health Services.*
Charlotte J. Sanborn
Department of Health and Human Services, Boston, MA. Region I.
McNeil Labs., Inc., Fort Washington, PA.
Pfizer Labs., Inc., Pittsburgh, PA.
New Hampshire Div. of Mental Health and Developmental Services, Concord.
Dartmouth Medical School, Hanover, NH. Dept. of Psychiatry.
1983, 198p
SHR-0010263 Available from The Haworth Press, 28 East 22 Street, New York, NY 10010.

The text addresses the crucial problem of the care and rehabilitation of noninstitutionalized chronic mental patients. To help these patients negotiate potential help from community agencies, the concept of the case manager has been developed. The case manager provides continuity, assists in coordinating agency contacts, and aids the patient in problem solving. Through this sustained contact and the case manager's comprehensive knowledge of the individual patient, it is believed that the complexities of life can be simplified, with the goal for the chronic patient being at best, a productive life and at worst, maintenance outside of an institution. Separate chapters discuss the need for case management, implications and issues of case management, organizational issues, client-based program administration, clients' rights in a case management system, and the ethics of case management. Also examined are training case managers, rehabilitation, and case studies (developmental disabilities programs, mental health programs, and welfare programs). Chapter references and about 130 bibliographic references are supplied. States with case management programs are listed. *Contains papers presented at a conference.*

321 *Case Studies of the In-Home Service Delivery Systems in Three Service Areas, Volume II.*
Monica Holmes, Douglas Holmes, Jose Alfaro, and John Morris
Community Research Applications, Inc., Bronx, NY.
Office of Human Development Services, Washington, DC. Office of Policy Development.
Hebrew Rehabilitation Center for the Aged, Roslindale, MA.
Nov 82, 224p
SHR-0010215 Available NTIS PC$19.00/MF$4.50

The case studies on the in-home service delivery systems in this volume were developed based on extensive interviews and data collection at three communities in Florida, Massachusetts, and Oregon. Virtually all in-home service providers and a sample of 45 service users were interviewed. Site visits were also made to the three State capitals and interviews were held with key staff in State and Area Agencies on Aging, Medicaid, Social Service Block Grant agencies, and Administrative Agencies for the Physically Handicapped and the Developmentally Disabled. Each case study comprises a description of the State context for in-home services for the elderly, the physically handicapped, and the developmentally disabled. The local community characteristics are described and the in-home service delivery system assessed for comprehensiveness, coordination, cost effectiveness, targeting, tailoring, and client satisfaction. Specific services investigated include case management, housekeeper services, homemaker services, personal care, nursing supervision for live-in aides, home health aides, in-home specialists, home delivered meals, transportation and escort, counseling, companionship, and day care. Tabular data, notes, and charts are provided. Survey instruments are appended. *See also volume I, SHR-0010216.*

322 *Children as Volunteers.*
Susan J. Ellis
Energize Associates, Philadelphia, PA.
1983, 68p
SHR-0010350 Available from Energize, 5450 Wissahickon Avenue, Philadelphia, PA 19144.

This book focuses on how to adapt volunteer management principles in order to work effectively with children as volunteers. The book provides real-life examples shared by program managers and the children themselves. Children are defined as people aged 14 and under. Directed to leaders of volunteer programs and leaders of children, the guide is based on approximately 25 group interviews with more than 300 children aged 5 to 14. The children were asked to respond to questions about the

meaning of "volunteer," what they have done as volunteers, how volunteering makes them feel, and the kinds of volunteering they would like to do. The guide lists volunteer activities in which children have participated. Next, it takes each major volunteer program task and describes how it would have to be modified to involve children effectively. These include planning, preparing for special needs, defining volunteer assignments for children, writing job descriptions, recruitment, interviewing and screening, scheduling, orientation and training, supervision, and recognition. Leaders of children's groups may want to consider linking their group with an established volunteer program or setting up an independent project. The guide also discusses legalities and liabilities, such as Federal child labor laws, State regulations, insurance, and liability waivers. Appendices include interview and survey sources, 9 resources, and 19 references. *Volunteer Energy Series.*

323 *Committee on Street People: Final Report.*
James Scheibel, Fred Mertz, and Janice Rettman
27 Oct 82, 23p
SHR-0010310 Available from City of St. Paul, City Hall 7th Floor, St. Paul, MN 55102. Attn: James Scheibel, Councilman.

These subcommittee reports outline the needs of street people in St. Paul, Minn., in terms of housing, jobs, and support services (medical and dental services, etc.). Street people need emergency, interim, and long-term housing. Funding for emergency housing facilities should be expanded to meet street people's needs. This assistance should be accompanied by supportive services and job skill development. Funds can be obtained from area churches and foundations, from general assistance grants, and from hotels and other enterprises. Nonprofit organizations could be formed to develop employment opportunities for these people either as a referral service or as a subcontractor of assembly and service jobs. There should be a centralized facility where street people could receive medical services; other health clinics should be encouraged to service this population. Appendices include a resource list for street people in St. Paul and a list of persons to contact regarding this group.

324 *Community Education of Children Residing in State Hospitals.*
California State Office of the Legislative Analyst, Sacramento.
Feb 83, 36p
SHR-0010241 Available NTIS PC$08.50/MF$4.50

This article discusses the implementation status of California's Chapter 1191, Statutes of 1980 (AB 1202), which clarifies the responsibility of State hospitals and local education agencies (LEA's) to educate children residing in State hospitals. It reports on the development of "individualized education programs" for each State hospital resident and of new LEA special education programs. It discusses the placement of State hospital residents in special education and the adequacy of education services. The report also analyzes State fiscal support for LEA programs, including the method of reimbursing LEA's, the scope of the programs, and the adequacy of the 1982 Budget Act appropriation. The report discusses the likely effect of recent legislation on these programs. Study data are included. *Author abstract modified. Report 83-2.*

325 *Community, Educational, and Social Impact Perspectives.*
Donna Hager Schoeny, and Larry E. Decker
Virginia Univ., Charlottesville. Mid-Atlantic Center for Community Education.
Dept. of Education, Washington, DC.
1983, 261p
SHR-0010192 Available from

325

Mid-Atlantic Center for Community Education, School of Education, University of Virginia, Ruffner Hall, 405 Emmet Street, Charlottesville, VA 22903.

Ten papers and accompanying critiques present challenges and recommendations for the future development of community education. Part of the National Community Education Impact Project, the papers examine education programs in terms of students, school closings and shifting population patterns, and political processes and citizen participation. They analyze coordination of human service delivery at the community level, social issues affecting schools and communities, and efficiency and cost effectiveness in the administration of community education. Individual papers present a series of models through which American public schools have evolved, focus on recent demographic trends that have influenced the planning of educational facilities, and outline a national agenda for community education designed to cover the next 2 decades. Most of the writers view community education as a reform whose long-range acceptance will depend on coalition building among political entities and agencies. Changing family structures and declining resources are identified as areas needing attention by community education. Community education is seen as having the potential to offer alternatives in resource management, shared facility use patterns, interagency coordination, and social service delivery. The Federal role in community education is debated, and ways to enhance the dwindling resources of local educational systems are suggested. Data and notes are supplied. *Contains edited papers presented at a conference in Washington, D.C., on June 9-11, 1982.*

326 *Community Support Systems and Mental Health: Practice, Policy, and Research.*
David E. Biegel, and Arthur J. Naparstek
University of Southern California, Washington, DC. Washington Public Affairs Center.
National Inst. of Mental Health, Rockville, MD. Mental Health Services Development Branch.
National Center for Urban Ethnic Affairs, Washington, DC.
1982, 354p
SHR-0010202 Available from Springer Publishing Co., 200 Park Avenue South, New York, NY 10003.

Nineteen articles focus on theory and research, programmatic interventions, professional roles, and policy perspectives related to community support systems and mental health. Specific chapters examine the role of social networks in urban areas; the relationship between social support, mental health, and life stress in urban white ethnic communities; social support in the workplace; and social support systems among the elderly. Other papers discuss the relationship between prevention and community support systems; review the professional literature related to self-help and mutual help; and present a historical review of the family, church, and school as key social bonds of blacks in the United States. Additional topics of interest are findings of a DHHS project aimed at analyzing variations both among types of informal care and among interventions with informal support systems, religious support systems, the multipurpose senior center, and support systems for the chronically mentally ill. One section contains articles highlighting self-help/professional collaboration, a mental health prevention program that uses natural helpers, and a model that enhances mental health professionals' ability to work with mutual help organizations. Concluding the volume, four papers outline policy issues, including ways to overcome inequities in mental health services delivery to racial and ethnic minorities and ethical considerations. Footnotes, study data, an index, and about 550 references are supplied. *Chiefly papers from 2 University of Southern California-sponsored*

conferences on Neighborhood Support Systems and Mental Health, held in Baltimore, Md. and Milwaukee, Wis., Winter 1980.

327 *Comparative Assessment of Two Job Search Assistance Programs in a Local Employment and Training Agency.*
Kathleen Spangler Hill
Department of Labor, Washington, DC. Office of Comprehensive Employment Development.
1982, 113p
SHR-0010214 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study compared two job search assistance (JSA) approaches in a local employment and training agency to determine which of the two was more effective in increasing the employment of economically disadvantaged workers at an adequate wage. These approaches were based on two nationally prominent JSA programs: one program emphasized a didactic teaching model in a simulated work environment, and the other relied on behavior change through an intensive group process, job club approach. Study results indicate that the two JSA programs, modeled after the nationally tested programs, could be implemented locally and with comparable success rates. Neither program approach was more effective than the other, but both approaches were more effective than traditional agency strategies in terms of participants getting jobs. Implications for further research are noted. Study data and instruments, about 80 references, and a breakdown of program activities are included. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to the University of Illinois at Urbana-Champaign, 1982.*

328 *Comparison of Three Survey Methods for Obtaining Community Input for Community Services.*
Margaret Gross Hoffman
1980, 125p
SHR-0010090 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106

The study sought to determine which of three survey methods was the most efficient for community colleges to use for obtaining community input for community services. The impersonal method consisted of a mass mailing of questionnaires to a sample of community residences. A quasi-personal method involved hand delivering questionnaires to community residences by credit students currently attending the community college. The personal method consisted of the researcher hand delivering questionnaires to persons attending community college noncredit community service classes. The same questionnaire was used for all three methods. It requested opinions for the types of physical activities, cultural enrichment activities, counseling services, and classes in which community residents felt they would participate. The questionnaires were coded to determine which questionnaires were returned through each survey method. An analysis of the data obtained from each method showed that the personal survey method was the most efficient because it obtained the highest percentage of returns, took the least amount of time to conduct, and had the lowest costs. Study data, footnotes, and about 60 references are included. Survey instruments and other study materials are appended. *Author abstract modified. Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to the University of Pittsburgh, 1980.*

329 *Computer Assisted Rehabilitation Service Delivery.*
William Herrick
National Inst. of Handicapped Research, Washington, DC.
West Virginia Rehabilitation Research and Training Center, Dunbar.
West Virginia Univ., Morgantown.

329

1981, 161p
SHR-0010007 Available from Research and Training Center, Administration, Training, and Publications, One Dunbar Plaza, Suite 3, Dunbar, WV 25064.

This publication describes computer and information processing technologies and includes strategies and guidelines for applying such technologies to service delivery in vocational rehabilitation. It is intended for vocational rehabilitation counselors, supervisors, and administrators, to assist them in securing the advantages of such technologies to improve services to clients and to increase efficiency and effectiveness of rehabilitation personnel. The text identifies the major ways in which computers are currently being used to assist service delivery as well as the potential for adaptation to other vocational service delivery needs. A vocational rehabilitation office is described as it would hypothetically exist if computers were being optimally used to assist counselors, supervisors, administrators, support personnel, and clients. In addition, basic elements of computer systems are explained, including hardware, software, and personnel. Guidelines delineate the planning and development of new or expanded computer systems within a vocational rehabilitation agency. The text also places in perspective the problems, fears, and antipathies often associated with computers, encouraging the view that technology can be used to the advantage of both rehabilitation consumers and providers. Among the potentials for computerized operations in vocational rehabilitation are electronic mail, computerized data banks, computer-based education, distributed data processing, and decision support systems. Charts and a glossary are provided. The appendix provides examples of data from operational computer systems associated with vocational rehabilitation and a discussion of software acquisition. *Eighth Institute on Rehabilitation Issues, Chicago, Illinois, May 26-28, 1981. Prepared by a Study Group of the Institute on Rehabilitation Issues.*

330 *Continuum of Care for the Aged and Disabled Adults.*
Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation
20 Dec 82, 67p
SHR-0010126 Available from State of Florida, Department of Health and Rehabilitative Services, 1317 Winewood Blvd., Office of Evaluation, Room 423 Building 1, Tallahassee, FL 32301.

This paper discusses the functioning and impact of Florida's Continuum of Care program offering a wide range of alternatives for delivering care to the frail, institutionally vulnerable elderly and disabled adults. Programs or services are placed along the Continuum in terms of type of living arrangement supported, ranging from the least restrictive to institutionalization. Tables first present descriptive data on the Continuum in matrix form, including living arrangement supported, services provided, role of State Department of Health and Rehabilitative Services, and numbers of facilities and clients. Other tables cover regulatory bases, administrative arrangements, costs, resources required, and client characteristics. The paper provides figures on Florida's elderly population and projects changes between 1980 and 1990. It discusses the impact of the Continuum on the need for institutional beds, emphasizing that data are not yet available for a complete assessment. The examination of cost/benefits from the Continuum focuses on eligibility requirements and cost avoidance estimates. Because the Continuum is composed of many configurations of services, administrative arrangements and relationships among different programs vary considerably. The paper explores the implications of this situation for efficient and effective service delivery, with attention to information systems, funding sources, duplication of services, case management, and costs. The final section lists gaps and unmet needs related to the Continuum which

were identified through research and interviews with professionals from the aging programs. The appendices contain a summary of these interviews, references, and a glossary. *An Aging and Adult Service Issues Paper, no. E-82-12.*

331 *Cost-Saving Strategies for Local Governments.*
Lynn Polson, and Joshua Levin
Texas Advisory Commission on Intergovernmental Relations, Austin.
Texas State Dept. of Community Affairs, Austin. Local Government Services Div.
Nov 82, 112p
SHR-0010205 Available from Texas Advisory Commission on Intergovernmental Relations, PO Box 13206, Austin, TX 78711.

Some Texas cities and counties are managing with less during an era of fiscal pressures. A study of four counties – Dallas, El Paso, San Augustine, and Webb – and four cities – El Paso, Galveston, Marlin, and Marshall – indicated that three management strategies predominate: increased reliance on user fees, improved idle cash investment, and interlocal cooperation. Many Texas cities are also reorganizing their departments to reduce personnel. Counties are also using these strategies, if they are not restrained by statutory limitations. Cities are deferring capital improvements to their infrastructure, especially improvements to streets. General revenue sharing monies and Community Development Block Grant and HUD monies are being used to fund a higher percentage of improvements than in the past. Other strategies are increased computerization; energy conservation; and development of alternative revenue sources, such as getting State legislators to expand county revenue-raising authority. In addition, counties have reduced some services and have deferred employees' cost-of-living raises. Ten tables and an annotated bibliography of about 60 references are included.

332 *Costs and Benefits of Deferred Giving.*
Norman S. Fink, and Howard C. Metzler
Ponoma Coll., Claremont, CA.
Lilly Endowment, Inc., Indianapolis, IN.
1982, 255p
SHR-0010274 Available from Public Service Materials Center, 111 North Central Avenue, Hartsdale, NY 10530.

Intended for trustees, treasurers, bank officers, investment advisors, lawyers, accountants, and development officers of nonprofit institutions, this text points out that the management of assets is of critical importance to the ultimate value of gifts. It argues that while there can be a significant payoff for deferred giving programs, it is important to determine their cost effectiveness. Applying modern business methods to cost accounting, benefits analysis, and actuarial and econometric forecasting to the Pomona Plan, the book offers tools for determining what is involved in a successful planned giving program, what the program will cost, what the criteria are for gift acceptability, and what the reasonable expectations can be from gift annuities, charitable remainder unitrusts, annuity trusts, and pooled life income funds. Tabular data are given. Appendices contain the Ernst and Whinney Report, internal rate of return calculations, procedures for life income trust at the University of Pennsylvania, and agreement forms for the Pomona Plan. A glossary and a reference list of over 50 entries are provided. *Author abstract modified.*

333 *Criteria to Determine the Adequacy of In-Home Services in a Community, Volume I.*
Monica Holmes, Douglas Holmes, Jose Alfaro, and John Morris
Community Research Applications, Inc., Bronx, NY.
Office of Human Development

Services, Washington, DC. Office of Policy Development.
Hebrew Rehabilitation Center for the Aged, Roslindale, MA.
Nov 82, 48p
SHR-0010216 Available NTIS PC$08.50/MF$4.50

This volume presents criteria for in-home service adequacy which are the outgrowth of a study conducted in three geographic areas (Florida, Massachusetts, Oregon) with communities where the in-home services delivery system was examined for the elderly and physically handicapped as well as the developmentally disabled. The effort represents an initial way of conceptualizing service adequacy and organizing the relevant data and a set of preliminary criteria based on delivery systems in three different communities with strong commitments to in-home services. The study focus was predominantly on the services delivered to the elderly. Site visits were made to the State capital and to the selected community. Interviews were conducted with key staff at State and Area Agencies on Aging Medicaid, Social Service Block Grant Agencies, and Administrative Agencies for the Physically Handicapped and the Developmentally Disabled. Interviews were also conducted with virtually all in-home service providers and a sample of 45 service users. Service adequacy was conceptualized in terms of comprehensiveness, coordination, cost effectiveness, targeting, tailoring, and client satisfaction. Criteria of service adequacy are presented in terms of each of these areas. Tabular data and footnotes are given. *See also volume II, SHR-0010215.*

334 *Cross-Boundary Power Related to Interagency Relationships Between Community Agencies.*
Annette Schram Ezell, and Janice M. Morse
1982, 8p
SHR-0010277 Pub. in Jnl. of Health and Health Resources Administration v5 n2 p201-208 Fall 1982.

Community agency objectives may be determined by the power distribution potentials within the institution or organization, regardless of the community needs or the practitioners' contributions. Interagency competitiveness will increase with the degree of similarity between agency objectives and goals. The knowledge of cross-boundary power mechanisms and the awareness of their potential use in negotiation and collaboration may determine an agency's survival and functional relationship within a community. This process is relatively independent of the practitioner's functioning and compliance with the agency's objectives or the practice role of meeting the client's needs. Inevitably, cross-boundary power is linked to the institutional or bureaucratic level of organizational structure and top executive negotiation. Illustrations and five references are provided. *Author abstract modified.*

335 *Cutting Back: Retrenchment and Redevelopment in Human and Community Services.*
Larry Hirschhorn
Wharton School of Finance and Commerce, Philadelphia, PA. Management and Behavioral Science Center.
1983, 393p
SHR-0010441 Available from Jossey-Bass Inc., 433 California Street, San Francisco, CA 94104.

This book shows how to anticipate, plan, implement, and manage retrenchment so that cutting back does not demoralize program staff, embitter clients, reduce productivity, or limit an organization's capacity to innovate. The authors examine how organizational processes affect retrenchment programs. They study such critical issues as when, why, and how to share threatening information, how to manage rumors, and how to structure committees that review cutback options. They link these issues to the critical tasks of defining the agency's core program and core team. An examination of is-

sues of organizational design presents a structured method for consolidating offices within an organization. Six case studies of organizational redesign show how new designs both link and separate professionals in new ways. Several chapters focus on the issues of productivity and efficiency. They include a structured method used to develop a broad range of productivity programs and a method for assessing the likely gains that staff can expect from particular efficiency programs. In addition, the authors explore numerous examples and case studies of retrenchment, extracting information and pointing out methods that can be used by human services managers to organize their responses to funding cuts. The final three chapters contain extended, detailed case studies of organizations cutting back. Tables, diagrams, an index, and about 225 references are provided. *Joint publication in the Jossey-Bass Social and Behavioral Science Series and the Jossey-Bass Management Series.*

336 *Delivery of Rehabilitation Services to Inner City Nonwhites.*
Ruth Royall
Wisconsin Univ.-Stout, Menomonie. Research and Training Center.
National Inst. of Handicapped Research, Washington, DC.
Jun 81, 133p
SHR-0010242 Available from Research and Training Center, University of Wisconsin-Stout, Menomonie, WI 54751.

The report identifies unique problems of service delivery to inner city nonwhite clients and suggests strategies for the amelioration of these problems. Vocational rehabilitation has not experienced much success in rehabilitating minorities, particularly nonwhites, especially if they are living in inner cities or pockets of poverty. Evaluating the effectiveness of vocational rehabilitation services to severely disabled inner city nonwhites is an acid test of the effectiveness of the vocational rehabilitation system. Through outreach and visibility by vocational rehabilitation professionals in the nonwhite community, resources for minority clients can be expanded. Recognizing the cultural, environmental and institutional barriers facing the population, State directors and senior managers must become more creative in implementing vocational rehabilitation programs, as well as in developing an evaluation system that will provide feedback of practices to line workers. Specific recommendations are offered for program administrators and managers to improve services to nonwhites and to increase the public's awareness of inner city needs. Appendices include about 40 references, a sample cooperative agreement between a community and a vocational rehabilitation program, and a discussion of identifying and recruiting priority clients. *Eighth Institute on Rehabilitation Issues, June 1981. Prepared by a study group of the Institute on Rehabilitation Issues.*

337 *Demonstrating Community-Based Long Term Care in the United States: An Evaluation Research Perspective.*
Francis G. Caro
Community Service Society of New York. Inst. for Social Welfare Research.
1980, 47p
SHR-0010319 Available from The Community Service Society, Office of Information, 105 East 22nd Street, New York, NY 10010.

This paper reviews evaluation research methods appropriate for addressing the effectiveness of community-based long-term care programs for the elderly and adult disabled. There have been a number of major home service demonstration programs initiated to address questions regarding the feasibility and desirability of increases in public financing of services supporting independent living for the functionally disabled. They used different evaluation research designs, usually focusing on client outcomes and public expenditures, al-

though one program explored political influences on decisionmaking. Methodological problems were apparent in some cases (e.g., lack of a control group or random assignments). Long-term care objectives should be reformulated to maximize both choice and quality of the various alternatives. Home service advocates should build a rationale for their programs which rests on their ability to solve problems of daily living for the functionally disabled. These objectives are attainable and measurable, and a rationale can be built around them which is sufficient to attract public resources for home services. Cost analyses should be broad enough to include implications of home services for families. They should include not only financial expenditures by families but lifestyle consequences for family members. About 30 references are included. *Paper was prepared for a workshop on "Recent Trends in Evaluative Research in Social Work and the Social Services," at Stroud, Gloucestershire, Great Britain, May 20-22, 1980.*

338 *Descriptive Profile of Adult Day Health Clients.*
Kathleen J. McCaw, and Michael A. Garrick
Washington Dept. of Social and Health Services, Olympia. Program Research and Evaluation Section.
Nov 82, 32p
SHR-0010117 Available from Department of Social and Health Services, Office of Research, Mail Stop OB34, Olympia, WA 98504.

This report provides information on characteristics of clients enrolled in Washington State Adult Day Health programs that are designed to help impaired elderly persons remain in the community by providing rehabilitative therapy, personal care, and social services. Data on client characteristics were gathered from the centers' intake assessment forms. The study population were 254 clients from 8 centers admitted into the program during 1981. Descriptive information on the subjects was compared to the general elderly population. The results show that the Adult Day Health clients are older, suffer from more illnesses, and are more functionally impaired than the general elderly population. Mental impairment was shown to be a problem for the study group, and they had significantly less help available when they were sick or disabled. In comparison to nursing home patients, clients requesting admission to nursing homes, and chore service clients, the study population was younger and had a higher percentage of married individuals. A higher proportion of chore service clients and clients requesting admission to nursing homes live alone than do clients receiving the day health services. It is concluded that adult day health programs are serving the intended population – elderly persons who are physically, socially, and mentally impaired. Tabular data are given. *Report no. 08-12.*

339 *Development and Testing of a Process-Outcome Evaluation Instrument Measuring Quality of Care in Nursing Homes as Perceived by Residents.*
J. Meditz, and Nancy Bolton
Loretto Geriatric Center, Syracuse, NY.
Nov 80, 28p
SHR-0010239 Available from Loretto Geriatric Center, 700 East Brighton Avenue, Syracuse, NY 13205.

A questionnaire was developed at the 520-bed Loretto Geriatric Center in Syracuse, N.Y., to gather consumers' perceptions of the care they receive. First, a form was sent to all staff representing all patient care divisions, asking respondents to list the five most important factors in "good resident care." In addition, residents and their families on two floors were asked to respond to the same questionnaire. Content analyses of all the responses revealed three mutually exclusive categories of care: being

treated with patience, having all physical and emotional needs taken care of efficiently and accurately, and living in a safe and secure environment. The same staff and residents who responded to the original questionnaire were then asked to explain what tasks or jobs should be done to achieve these categories of care. A 14-item questionnaire was developed based on these responses, with half the items measuring outcome and half measuring process. The questionnaire was administered to a random sample of residents at three different times. Staff process and patient outcome were linked via feedback to staff concerning patients' responses to the questionnaire. Final questionnaire results and implications of the research are discussed. Study instruments and 11 references are appended. *Paper presented at the 33rd Annual Scientific Meeting of the American Gerontology Society, November 1980.*

340 *Development of Long-Term Care Ventures.*
William Pomeranz, Kathryn Duke, and Steven Rosenberg
Administration on Aging, Washington, DC.
1982, 11p
SHR-0010294 Pub. in Economic Development and Law Center Report v12 n3 p41-51 Summer 1982.

This article discusses the entry of community-based organizations into the home health and home chore field and offers suggestions on developing such programs for the elderly. These services are excellent foundations on which to build a comprehensive continuum of care, have low startup costs, and are less vulnerable to budget cutting than other health-related social services. The authors review issues confronting organizations interested in long-term care ventures, such as cost-effectiveness of community-based care and assessing both the need and demand for such services in a target area. Differences between need and demand are detailed, as are types of data required for the assessment. For example, the geographic area must be defined, the number of elderly residents and their characteristics determined, cultural characteristics identified that might lessen access to long-term care, and existing long-term care services surveyed. Project Triage, an ambitious case management project in Connecticut, is described to illustrate how case management works and how it benefits elderly clients while cutting costs through increased efficiency of services. The article examines funding sources for home health care, eligibility criteria, specific services that can be included, and sources of startup funds. Guidelines address proportions of patients receiving types of services, number of visits made to clients, income projections, staffing patterns, and budget. Funding sources and eligibility are also discussed for home chore services, along with budgets, staffing, and reimbursement concerns. Tables are provided.

341 *Developmental Disabilities and Public Policy: A Review for Policymakers.*
Minnesota Univ., Minneapolis. Center for Educational Policy Studies.
Jan 83, 40p
SHR-0010144 Available from Developmental Disabilities Planning Office of the State Planning Agency, 201 Capitol Square Bldg., 550 Cedar Street, St. Paul, MN 55101.

This book provides background on persons with disabilities, illustrates trends in Minnesota community services, and identifies policy issues for the 1980's. A belief in each individual's human dignity is the basis for the trend toward less institutionalized program settings for the handicapped, their integration with the nonhandicapped, less structured programs, and more client participation in decisions about their lives. The two models of service provision are either a continuum with developmental steps that clients move through or an array of flexible services shaped to meet clients' changing needs. Community living arrangements in

Minnesota for the developmentally disabled who cannot live with their own families range from independent homes or apartments, and semi-independent living arrangements to foster care, contract group homes, and health-related facilities. Day programs provide limited preschool offerings, special education, work activity, sheltered work, and regular employment. Case management assignments assist clients by linking services across agencies and county lines, and providing advocacy in the client's interests. Future issues to consider include the trend toward greater decentralization with increased responsibility delegated to the State and local governments, funding disincentives and deficits, and prevention and early intervention program continuation. Charts and photographs are given, as is an index and a 27-item reference list.

342 *Director's Manual for the Child Guidance Series and Child Environment Series.*
Department of Defense, Washington, DC.
Apr 82, 99p
SHR-0010344 Available from The Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 008-000-00376-9.

This director's manual is designed to help child care center directors develop staff training plans based on the two series developed by the Military Child Care Project – the Child Guidance Series and the Child Environment Series. The Child Guidance Series includes six modules: the "caring" role in a child care center and caring for infants, pretoddlers, toddlers, preschoolers, and school-age children. The Child Environment Series has five modules, each with a companion module in the first series. These modules focus on creating environments for infants, pretoddlers, toddlers, preschoolers, and school-age child care. The manual describes the series and suggests ways that individual caregivers or groups of caregivers can benefit from the modules. It presents six examples of ways that material from the two series can be used in staff training workshops. The appendices provide an index of the problem solving situations, texts, checklists, and individual exercises in the two series, along with about 100 references. *Military Child Care Project.*

343 *Economics of Aging: The Future of Retirement.*
Malcolm H. Morrison
1982, 294p
SHR-0010421 Available from Van Nostrand Reinhold Co. Lepi Order Processing, 7625 Empire Drive, Florence, KY 41042.

Seven essays evaluate both current and future trends in retirement behavior, retirement income, pension programs, and worklife patterns. The first article reviews social and economic trends which have contributed to the emerging retirement phenomenon, with its inflexible worklife and retirement options. A discussion of the impact of demographic changes on early retirement and mandatory retirement policies concludes that the Government must consider policies encouraging or requiring retirement at later ages. The next chapter concentrates on future retirement trends, examining the importance of paid employment to older persons' incomes, current labor force participation trends which show men withdrawing increasingly from the labor force before 65, and barriers to older workers' employment. An overview of the retirement system describes the major pension systems and their coverage, giving detailed information on social security, private pensions, public employee retirement plans, and tax subsidies during retirement. It also considers distribution of income among the aging population and current problems in the retirement system. The subsequent paper focuses on the current and future situation for older workers, addressing discrimination, mandatory retirement, and limited training programs. Federal programs

which address these problems are surveyed. An examination of age discrimination traces the evolution of a nonwork attitude toward groups such as women and older adults and assesses the impact of the 1978 Amendments to the Age Discrimination in Employment Act. The final paper describes emerging alternative work patterns in the United States and abroad as well as programs emphasizing flexible retirement options. Footnotes, study data, chapter references, and an index are included.

344 *Effects of a Pre-Retirement Preparation Program for Elderly Employees Forced to Retire.*
Cynthia E. Dozier
Sep 81, 145p
SHR-0010222 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study examined the effects of a preretirement preparation program for 30 older workers forced to retire due to their age and to deinstitutionalization of a major mental retardation institution in western Massachusetts. The effects were assessed along the dimensions of anxiety level and attitude toward retirement. Findings indicate that the program affected different subsamples of the population differently. The program proved effective for those who entered the program with negative attitudes; this included older participants and those from lower socioeconomic status. The preretirement program did not, in general, effect changes in anxiety level, except for those participants from a lower socioeconomic group. Thus, such a program had the most positive effect on lower socioeconomic participants. Footnotes, study data, survey instruments, and about 110 references are provided. *Author abstract modified. Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to the University of Massachusetts, 1981.*

345 *Effects of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program on the Health Status of Participants in Michigan.*
William Keller
1981, 313p
SHR-0010211 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study determines whether the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, offered to Medicaid eligibles under age 21 years, is benefiting participants in Michigan. Since 1973, the Federal Government has required that each State offering a Medicaid program also offer the EPSDT program. The study examined referral rates and medical costs; the primary independent variable was the number of lifetime EPSDT screenings received. Two client populations were tested: clients continuously eligible for EPSDT between January 1, 1974, and December 31, 1979, and those eligible for 1979. Clients numbered 79,754 and 245,551, respectively, and after screening 56,046 and 154,187, respectively. Referrals decreased 10 percent or less between screenings. Medicaid costs were not inversely related to lifetime screenings, but when Medicaid costs of all EPSDT participants were compared with costs for nonparticipants, the participants showed statistically significant lower costs. However, when costs of the screening program itself were considered, differences favoring participants were replaced by somewhat greater costs attributable to program participation. Overall, the program is achieving modest gains at modest costs. Additional findings, study data, footnotes, and about 50 references are supplied. *Author abstract modified. Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to Michigan State University, 1980.*

346 *Employed Parents and Their Children: A Data Book.*

Children's Defense Fund, Washington, DC.
Levi Strauss Foundation, San Francisco, CA.
Foundation for Child Development, New York.
1982, 92p
SHR-0010289 Available from Children's Defense Fund, 1520 New Hampshire Avenue NW, Washington DC 20036.

This book brings together data on employed parents and their children to document the markedly changing connections between adults' jobs and children's care in the United States over the last half of the 20th century. Tabulated data are presented on the labor force in general, the labor force in terms of marital and family status, women's labor force participation, and the labor force by industry. The second major category of tabulated data concerns children and families in general, children of working parents, income and poverty, vital statistics (births, marriages, divorces), and child care. An introductory narrative considers the importance of the data from three standpoints: the implications for employers, for the well-being of children and parents, and for public and private responses. The bulk of the document consists of data tables.

347 *Employers and Child Care.*
Child Care Information Exchange, Redmond, WA.
1982, 16p
SHR-0010311 Available from Child Care Information Exchange, C-44, Redmond, WA 98052.

The increasing demand and decreasing supply of child care for working parents creates the need for business and labor to provide community solutions to the problem. One child care option for employers is onsite care, which can reduce absenteeism, turnover, tardiness, and training costs. A 1978 national survey identified nine industry-sponsored day care centers and seven centers sponsored by labor unions. Most of these centers were located in the eastern and southern States. Another child care option is the consortia, in which several businesses join forces and funds to open child care centers. Other child care facilities are springing up in shopping malls and industrial parks. Other options include information and referral services to help parents locate day care centers, parent education programs, flexible benefit plans, sick child care, etc. The report presents examples of many of these options and outlines some strategies for involving the business community in this effort. Federal child care tax incentives for employers are spelled out, and child care practices in China are discussed. *Reprint series no. 9.*

348 *Employment Service Concepts.*
Ray Ozarow
United Cerebral Palsy Associations, Inc., New York.
1982, 75p
SHR-0010367 Available from Professional Services Program Department, United Cerebral Palsy Associations Inc., 66 East 34th Street, New York, NY 10016.

United Cerebral Palsy (UCP) affiliates initiated job training, job placement, and related activities to help disabled clients. The Frank Malvon Groves Memorial Workshop, a sheltered workshop operated by UCP of Greater Minneapolis, Minn., trains handicapped people for employment in its workshop or in the community at a fair pay rate. UCP of Northwestern Pennsylvania started a bagel bakery project to train individuals for eventual competitive employment. It provides those employed as bakers the chance to learn a wide range of commercial baking skills. The UCP of West Central Wisconsin provides prevocational rehabilitation services to adolescents and young adults with cerebral palsy, while UCP of San Francisco, Calif., offer employers information services that

assist them in complying with Federal and State affirmative action guidelines regarding disabled employers. The Cerebral Palsy Research Foundation of Kansas, Inc. conducts "real world," research, making adaptive equipment for handicapped persons and doing evaluation and training. TALL (Training Alternatives for Living and Learning), originated by UCP of Greater Kansas City, Mo., provided job skill training and job placement for disabled persons, along with independent living and transportation alternatives. Diagrams and tables are included.

349 *Evaluating Your Agency's Programs.*
Michael J. Austin, Gary Cox, Naomi Gottlieb, David J. Hawkins, and Jean M. Kruzich
Washington Univ., Seattle. Center for Social Welfare Research.
Michigan Univ., Ann Arbor. Continuing Education Program in the Human Services.
1982, 192p
SHR-0010176 Available from Sage Publications, Inc., 275 South Beverly Drive, Beverly Hills, CA 90212.

This book presents a perspective on evaluation that deals with the differing but complementary interests of board members, staff members, and administrators. It emerged from a 2-year project of assisting in the program evaluations of small, United Way supported social service agencies. The guide explains what program evaluations are, why they are needed, and how to prepare for them. It also provides specific examples of how to apply evaluation methodologies to direct services delivery as well as to the effectiveness of such indirect services as outreach and prevention. The last two chapters address the link between program efficiency evaluation and program planning. They explain how to assign specific costs to particular programs, how to organize the program evaluation data into a system for future monitoring and assessment, and how to relate program evaluation results to agency planning. Each chapter is written by a different author with firsthand experience in conducting program evaluations. Tabular data, charts and graphs are given. The appendices include single-case evaluation methods and selected program evaluation principles and plea bargaining. *Sage Human Services Guide, no. 29.*

350 *Evaluation and Prevention in Human Services.*
Jared Hermalin, and Jonathan A. Morell
1981, 120p
SHR-0010325 Available from The Haworth Press, 28 E. 22 Street, New York, NY 10010.

This issue focuses specifically on the evaluation of primary prevention. Using a developmental framework, it considers both relevant program designs and assessment instruments demonstrated to be valuable for those working in the field of primary prevention service delivery and evaluation. One paper examines various measurement techniques and program protocols useful for assessing the development of children during the very early stages of life. Another paper, based on a study for ascertaining types of day care programs that Government should fund, used evaluation procedures to determine the relationship between staff-child ratio, group size, and staff expertise on several outcome measures and to assess the cost-effectiveness of various day care program designs. A competency model of primary prevention demonstrates the usefulness of a program in problemsolving techniques for managing interpersonal life situations. In addition, a developmental paper emphasizes the need for designing education programs for individuals entering the job market, returning to work, or changing career plans during adult life. It highlights the importance of accurate needs assessment information, nontreatment control groups, and comprehensive program effectiveness measures. Finally, an overview of evaluation relative to the prevention field focuses on

the meaning of evaluation and its applicability for program planning. Figures, tables, chapter references, and reference notes are supplied. *Author abstract modified. "Prevention in Human Services" v1 n1/2 Fall/Winter 1981 (special issue).*

351 *Evaluation Basics: A Practitioner's Manual.*
Jacqueline Kosecoff, and Arlene Fink
1982, 247p
SHR-0010447 Available from Sage Publications, Inc., PO Box 5024, Beverly Hills, CA 90210.

This guidebook to designing, implementing, and reporting a program evaluation defines an evaluation as a set of procedures for appraising a program's merit and providing information about its goals, expectations, outcomes, impact, and costs. Activities that evaluators should undertake prior to beginning the actual evaluation study are discussed first, notably needs assessment and management. Individual topics covered include hiring personnel, allocating staff time, and writing realistic budgets. The book then examines methods for setting standards of program quality and offers two models for setting minimum standards of competency whenever achievement is to be measured. Three basic evaluation designs are described – case, time series, and comparison group – along with threats to internal and external validity. The chapter on collecting information reviews the range of collection techniques available to the evaluator and discusses validation of collection strategies. It also addresses hiring and training data collectors and organizing data returned to the evaluator. Methods of constructing and using the following measurement devices are explained: achievement tests, multiple-choice items, questionnaires, interviews, simulations, and attitude evaluations. Other guidelines focus on selecting analytical methods, such as descriptive statistics, correlations, and regression analysis. Specific statistical techniques described are analysis of variance, the Mann Whitney U Test,) chi-square, and the sign test. The final chapter presents a detailed outline of an evaluation report, rules for writing, and ways to help evaluators justify their work by finding references in literature. Charts, tables, 31 references and a bibliography with over 50 works listed are included.

352 *Evaluation of Community Residential Programs for Mentally Retarded Persons.*
Allan Baumgarten, Jack Benjamin, and Marie Scheer
Minnesota Office of the Legislative Auditor, St. Paul. Program Evaluation Div.
Minnesota Dept. of Public Welfare, St. Paul.
Minnesota Dept. of Health, St. Paul.
Minnesota Dept. of Energy, Planning, and Development, St. Paul.
11 Feb 83, 92p
SHR-0010206 Available from Legislative Auditors Office, Program Evaluation Division, 122 Veterans Service Bldg., St. Paul, MN 55155.

The report evaluates how Minnesota plans, regulates, and finances residential services for retarded persons. In 1982, more than $68 million was spent in Medicaid funds for residential community care for the retarded. The report concludes that the State relies too heavily on community homes known as Intermediate Care Facilities for the Mentally Retarded (ICF-MR). Alternatives that are less expensive and less restrictive have been neglected. The legislature should increase the availability and use of alternatives to ICF-MR care, including Semi-Independent Living Services, professional foster care, and family assistance programs. The legislature and Department of Public Welfare (DPW) should encourage existing facilities to serve more dependent clients, and DPW and the legislature should limit development of new facilities. New development should only be allowed to meet very specific, targeted priorities,

and only where those needs cannot be served within existing facilities or through alternative services. Notes, 16 tables, and 10 figures are supplied. A glossary, mental retardation State hospital catchment areas, county services for mentally retarded persons, and State statutes and Federal regulations are appended.

353 *Evaluation of Florida's Home Care for the Elderly and Adult Home Programs.*
Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
27 Sep 82, 135p
SHR-0010120 Available from State of Florida, Department of Health and Rehabilitative Services, Office of Evaluation, 1317 Winwood Blvd., Room 423 Building 1, Tallahassee, FL 32301.

This evaluation considers two programs that provide care for individuals who are impaired and at risk of institutionalization. Home Care for the Elderly (HCE) gives subsidies to family caregivers to encourage and assist them in caring for elderly relatives, while the Adult Foster Home (AFH) program provides foster homes for elderly and disabled clients who need a family-like setting but have no family supports. Data were gathered from all State Health and Rehabilitative Services districts between October and December 1981, using client assessments, client status reports, telephone interviews with caregivers and clients, a mail survey of personnel who work with clients in both programs, and site visits. Analysis of client characteristics supported the appropriateness of clients served by the programs. They were severely impaired as a group, although problems leading to impaired self-sufficiency differed between HCE and AFH clients. Most HCE and AFH caregivers were between 50 and 65 years old and were not much better off financially than the clients for whom they received payments. Only 17 percent of the HCE client terminations were to institutions in 1981, an indication that the program is accomplishing its objectives of preventing institutionalization. Approximately half of the HCE caregivers and 37 percent of the AFH sponsors felt that the payments or subsidies were inadequate, and counselors recommended raising allotments in both programs. Care providers, however, expressed a high degree of satisfaction with both programs. Another major area needing improvement was AFH sponsor recruitment, selection, and training. The evaluation suggests other improvements in client services and compares HCE and AFH to two other projects, the Adult Congregate Living Facilities and Community Care for the Elderly. Tables are included. *Report E-82-2.*

354 *Evaluation of Professional Standards Review Organizations.*
Robert Peter Stone
1980, 187p
SHR-0010092 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

The study evaluated the Professional Standards Review Organization (PSRO) program by applying a tracer method evaluation framework to it. Three basic purposes of programs are described: research, demonstration, and operations. Also noted were the goal achievement and systems evaluation models and their characteristics. The discussion covered the categories and measurements of structure, process and outcome, evaluation design, and considerations and evaluation limitations relevant to the PSRO program. The evaluation approach used four general tracer categories: structure, process, outcome, and other. The outcome category was considered the most important because the PSRO law focused on two of the category's measures – the quality of medical care and its costs. The study concluded that the PSRO's were generally meeting the measurements in the "structure" and "process categories" in or-

der to have their annual grant renewed, to reach "full designation" classification, and meet the requirements of the PSRO law. Further, from a systems model view, it was found that the results of measurements in the "other" tracer category reflected organizational success. However, in the most important category of outcome, the evaluation was mixed and inconclusive. The study concluded that there was little evidence to support the claim that the PSRO program was favorably influencing the quality of care and health costs. Study data and 132 references are provided. *Author abstract modified. Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to the Ohio State University Graduate School, 1980.*

355 *Family Care of the Elderly: Public Initiatives and Private Obligations.*
Dwight L. Frankfather, Michael J. Smith, and Francis G. Caro
Community Service Society of New York.
1981, 123p
SHR-0010287 Available from Lexington Books Division of DC Health and Co., 125 Spring Street, Lexington MA 02173.

Families cannot be called upon to provide all the support their elderly relatives need. The Family Support Program (FSP) was set up to help both families with resources and without. The experimental program served the disabled elderly and their families from October 1976 through September 1979. Service decisions were based on subjective judgments made by the family or by staff. A negotiated service contract depended on disability severity, agreement among family members about what they needed, and their willingness to continue with their own support. The FSP was heavily dependent upon professional case diagnosis, selection, prescription, close monitoring, and rehabilitation. The program worked remarkably well considering its small staff and limited funds. The authors also advance a maintenance model as a general guide for public policy and program development. They argue that counseling should be made explicit to clients so that they know what they are getting. If this is done, then client desire for it and willingness to pay for it will increase. Discussion also focuses on the issue of small voluntary versus large public service programs and long-term care standards. Chapter notes, study data, an index, and the research methodology are included.

356 *Family Planning Clinics Can Provide Services at Less Cost but Clearer Federal Policies Are Needed.*
General Accounting Office, Washington, DC. Human Resources Div.
19 Jun 81, 72p
SHR-0010132 Available from United States General Accounting Office, Document Handling and Information Services, PO Box 6015, Gaithersburg, MD 20760.

Costs of family planning programs authorized by Title X of the Public Health Service Act can be reduced in several areas, and services can be made more attractive without compromising quality care. The General Accounting Office (GAO) found that unnecessary medical procedures and tests added to program costs and contributed to long waits for appointments, possibly deterring participation in the program. More vigorous enforcement of fee collections was needed to ensure that only needy persons receive fee policies between the Title X program, which requires fee collections from persons with ability to pay, and the Title XX program, which permits free service regardless of client income. The Title X management information system lacks credibility among many grantee and HHS officials. It produces measures of clinic efficiency in family planning projects which are of limited usefulness. The GAO also believes that the overall management of HHS' family planning programs should be

strengthened. The report includes GAO recommendations to improve family planning clinic efficiency and HHS responses to the evaluation. The General Accounting Office (GAO) reviewed 4 DHHS regional offices, 9 umbrella grantees, and 24 family planning projects in 7 States. Site visits were conducted in 26 clinics judged to provide geographic dispersion and a mix of clinic sponsors, location, and caseload. The appendices contain a description of the review methodology, a log of clinic visits, and HHS' complete response. *Author abstract modified.*

357 *Fundamental Practices for Success with Volunteer Boards of Non-Profit Organizations: A Self-Assessment and Planning Guide.*
Nancy S. Nordhoff, Jo Larsen, Putnam Barber, and Dorothy P. Craig
Fun Prax Associates, Seattle, WA.
United Way of King County, Seattle, WA.
1982, 135p
SHR-0010436 Available from Volunteer Readership, PO Box 1807, Boulder, CO 80306.

This guide outlines a general framework for self-assessment and planning that can be used by various organizations with volunteer boards. It describes fundamental practices that are critical to a volunteer board's success: ensuring that the organization's resources are continually focused on its mission; being accountable to the community for carrying out the mission and meeting ethical and legal obligations; selecting members who have abilities to meet the organization's goals, are committed to the mission, and contribute to a balance of community representation; and giving prospective members a candid account of the organization, its commitments, and expectations. Other fundamental practices described are sharing leadership between the board chair and the executive, mutual support and motivation between the board and staff, and functioning in a way that encourages both group productivity and individual accomplishment. The guide presents a self-assessment checklist for each practice, including indicators of achievement. Exercises are provided to help users identify areas needing improvement. Suggestions for targeting improvements consider setting priorities, planning for change, and implementation. The final chapter contains checklists to monitor progress. Charts, nine references, and worksheets are included.

358 *Fundraising for Hospices (...and Other Community-Based Human Service Groups).*
Judi Lund, and Sue Vineyard
1982, 45p
SHR-0010354 Available from Heritage Arts, 1807 Prairie Avenue, Downers Grove, IL 60515.

This booklet describes methods to raise funds for hospices and other organizations. It presents background information on who gives and who gets funds. It explains tools to use immediately in order to understand how to get what is needed, and tips from years of local fundraising. Approaches to use when asking for funds, in order of effectiveness, are the in-person approach, the person-to-group approach, the telephone, and direct mail (blind, targeted, and personalized). Tips to remember in organizing an event are the importance of planning well in advance, having a strong board (either advisory or policymaking), and the necessity of community cooperation. Hospice fundraisers generally fall into several categories: products, recycling, services, collections, events, community service, advertising and promotions, and continuous and deferred giving. Products may include cookbooks, holiday cards, household items, and other articles that will sell at a profit. Recycling involves rummage sales, used book sales, etc. Collections involve charging for an event by, for example, a $1 per car owned, or $.10 per year of age. Events include one-time or annual events and ongoing events, such as thrift shops. Community service fundraisers may involve food catering, welcome

wagon, or providing day care, all services to the community. Coupon books, newspaper ads, and matching funds fall under advertising and promotions, while dues and memorial gifts are continuous methods of fundraising. Seventeen references are supplied. *Creative Resources Series.*

359 *Guide to Social Service Accounting.*
Lionel E. Mayrand, and Edmond Duchesne
New England Center for Continuing Education, Durham, NH.
Office of Human Development Services, Washington, DC.
New Hampshire Dept. of Health and Welfare, Concord. Bureau of Social Service Contracts.
Jan 79, 377p
SHR-0010275 Available NTIS PC$29.50/MF$4.50

This guide is intended to assist human service organizations in the area of management and control of public funds. It offers advice and technical assistance in the common language of accounting systems and functions. The importance of accountability for not-for-profit human service organizations is emphasized, and the fund accounting system required of such organizations is explained and compared to the accounting used by commercial organizations. Specific instructions relate to the following topics: budgeting and reporting, the accounting system, chart of accounts, accounting records, general ledger, accounting for assets, accounting for liabilities, accounting for fund balances, classification of revenues and expenses, client records, checklist for internal control, the audit function, financial policy and administration responsibilities, personnel and payrolls, travel, procurement and purchasing, and taxes and information returns. A glossary, an index, charts, illustrations, and endnotes are provided, as is a bibliography of 55 references. Appendices contain a personnel procedures model, an affirmative action plan model, a chart of accounts development list, and a practice set.

360 *Health Education and Social Service/Primary Care Coordination Demonstration Project for a Rural Area: Outreach Project.*
Robert V. Smith
North Central Pennsylvania Regional Planning and Development Commission, Ridgway.
Administration on Aging, Washington, DC.
Sep 82, 328p
SHR-0010233 Available NTIS PC$26.50/MF$4.50

This report summarizes the strategies, efforts, and findings from the Health Education and Social Service/Primary Care Project. The report is intended as a point of reference for groups interested in health and aging. The project aimed to provide outreach services to the rural elderly in Pennsylvania. The project conducted a needs assessment of elderly persons in Cameron, Elk, McKean, Potter, and Jefferson Counties and a literature search. It selected preventive health care services applicable to the needs of the population, including health screenings, health education programs, and access to social services. These services were offered through 50 existing facilities (churches, elderly housing facilities, social clubs, senior centers, etc.) in the 2 years the demonstration project provided services. The report discusses details of community organization and staffing plans, the plan for project evaluation, and implementation of the plan for project evaluation. The evaluation was conducted via client followup surveys and feedback from health care providers. Survey instruments and project materials are appended.

361 *Helping America's Families.*
Alfred J. Kahn, and Sheila B. Kamerman
Robert Sterling Clark Foundation, New York.
1982, 266p
SHR-0010278 Available from Temple University Press, Broad and Oxford Streets, Philadelphia, PA 19122.

This book addresses the myriad of helping services that have evolved to support the family as it seeks to cope with changes in its social and technological environment. Ranging from parents-without-partners groups and marriage enrichment courses to counseling for drug abusers, these services have arisen to meet the varying needs of families with personal, interpersonal, practical, health, and a host of other problems. This book treats these services as a system composed of both public and private service delivery. It analyzes the services delivered in the marketplace, in the public service system, in private not-for-profit agencies, in churches and synagogues, and in self-help groups of many descriptions. The differences and similarities among programs are examined, as are their strengths and weaknesses. Who is most likely to use these programs and how and why is also explained. Finally, the rationale for a government family policy is delineated emphasizing the need to ensure the quality of primary group life in the industrial urban world. One chart, chapter notes, and an index is provided.

362 *Helping Elderly Couples in Crisis.*
George S. Getzel
Nov 81, 16p
SHR-0010328 Available from The Community Service Society, Office of Information, 105 East 22nd Street, New York, NY 10010.

Marital bonding and spousal caregiving are significant resources in old age. If illness or chronic impairments occur, elderly spouses often experience rapid shifts in demands to meet the daily needs of caregiving. Gerontological research indicates that older men benefit from marriage in old age more than older women. The advantage of marriage persists among the oldest men, with 7 out of 10 men 75 years or older married, compared to 1 in 5 among women 75 years or older. Troll suggests that older women may be turned into part-time nurses because their husbands tend to be older and have more chronic impairments. The strain on the caregiving spouse has been noted by several researchers. Cases of aging spouses vary along significant dimensions, such as extent of functional disability of each spouse, age differences between spouses, historic and continuing patterns of marital interaction, extent of mutual aid between spouses, number and types of informal supports available to the older couple, and access to formal services. A careful assessment of each dimension will enable the social worker to evaluate the couple's vulnerability as they live through the aging process. The social worker and the couple (or the caregiving spouse) should reach an agreement to maintain the ailing spouse under specific conditions that are continuously evaluated. Service should focus on assisting the aging spouses with the specific caregiving situation and, in the case of a profoundly impaired spouse, helping the caregiving spouse with the multifarious consequences of his or her obligations. Case illustrations delineate practice issues. A total of 15 reference notes are supplied. *Presented at Thirty-fourth Annual Scientific Meeting, Gerontological Society of America, and at the Tenth Annual Scientific and Educational Meeting, Canadian Association of Gerontology, Toronto, Ontario, November 12, 1981.*

363 *Helping the Troubled Employee.*
Joseph F. Follmann
1978, 260p
SHR-0010225 Available from AMACOM, 135 West 50th Street, New York, NY 10020.

This book profiles the troubled employee and identifies the various types of mental disorders and their causes. It presents forms of available treatment and sources for obtaining help and guidance, including ways to finance care and treatment. Methods of preventing the occurrence of mental disorders are noted, especially the significant role employers and labor unions can play. In addition, special problems often associated with mental disorders, such as stress,

alcoholism, drug addiction, excessive tobacco use, and compulsive gambling, are discussed. It is becoming increasingly recognized that emotionally disturbed people are under intolerable psychological stress. This book guides employees, their families, and employers to ways available for recognizing and treating mental and emotional disorders. *Publisher's abstract modified.*

364 *Home Care Services for Older People: An Organizational Analysis of Provider Experience.*
Lenard W. Kaye
Administration on Aging, Washington, DC.
Brookdale Foundation, New York.
Associated YM-YWHA's of Greater New York.
1982, 384p
SHR-0010212 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study compared the experience of delivering gerontological home care services in different organizational contexts. It inquired into the relationship of agency structure, program orientation, and the actual delivery process from the perspective of urban, home care workers (N91) employed in 3 Older Americans Act (OAA), Title III-B programs. A questionnaire was administered to both direct providers (homeworkers, chore workers) and indirect providers (administrators, supervisors). Findings reveal inadequacies in the OAA mandate for service in both small and large agency settings, particularly at the points of service application, delivery, and termination. Larger scale programs exhibited greater rigidity in responding to unanticipated requests for aid among larger scale programs, although home care visitation plans were frequently modified. Expressive imbalance in worker-client relationships was evidenced regardless of staff feelings and attitudes. Workers had a restorative rather than a custodial view of provider approaches, regardless of the documented health chronicity among clients. Most relied on the informal support network for home care aid, although formal intervention was needed in performing housekeeping functions and other special duties. Workers found involvement with clients' personal needs more rewarding and difficult than traditional homemaking duties. About 140 references, the survey instrument, study data, and recommendations are included. *Author abstract modified. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare to Columbia University, 1982.*

365 *Home Health Care: An Overview.*
Sharon Young Ward
North Texas State Univ., Denton.
Center for Studies in Aging.
Oct 80, 55p
SHR-0010165 Available from Center for Studies in Aging Resources, PO Box 13438, NT Station, Denton, TX 76203.

A history of home health care in the United States accompanies an examination of home health care services today and a discussion of future directions for these services. Home health care has emerged as a viable and vital component of the health care delivery system in the United States. The liberalization of publicly financed health benefits in the 1960's provided a major boost to home health care. As with almost all segments of the health services delivery system, the passage of Medicare and Medicaid, Titles XVIII and XIX of the Social Security Act, had a particular impact on the development of home health care as it is known today. The Older Americans Act was another major influence. Federal financing of home health care services made them newly accessible to many segments of the population. Title XX of the Social Security Act has influenced further development of home health care services, particularly homemaker services, home health aide services, chore services, and home

management services. Today home health care should ideally include 14 different types of services. However, most home health agencies offer only a core of the most frequently required services, including skilled nursing care, physical therapy, and home health aide services. Continued expansion of home health services is largely dependent on the organizational achievements of all health care providers, regulators, and legislators. No national policy on home health care now exists. The two major challenges facing the continued expansion of home health care are continuity of patient care and coordination of the various reimbursement sources. Footnotes and a list of 18 references are provided. *Center Studies Series, no. 26.*

366 *Hospice Care Demonstration Project: A Study of Two Models of Hospice Home Care Delivery.*
Rose Bencala, Elaine McIntosh, and Cynthia Salzman
Hospice of Seattle, WA.
Administration on Aging, Washington, DC. Model Projects in Aging Program.
Hospice of Spokane, WA.
30 Sep 82, 61p
SHR-0010231 Available NTIS PC$10.00/MF$4.50

This evaluation compares two hospice models – Hospice of Seattle and Hospice of Spokane, both in Washington State. Hospice of Seattle is designed as a home health agency, with most of its services being provided by persons professionally trained in one of several disciplines. Hospice of Spokane is mainly a social service agency, designed to provide primarily counseling and advocacy. The organization's paid staff act as counselors to prepare the family and patient, provide information which will minimize crises and trauma, and help them gain access to other community services. Data were collected on all patients in both hospices who were age 60 and over who died or were discharged between June 1, 1980, and January 31, 1982. A total of 410 elderly terminally ill patients, 131 in Seattle and 279 in Spokane, were provided care. The evaluation found that both programs produced highly positive results. The need for institutionalization was reduced, consumers were satisfied, and physicians affirmed the services' effectiveness. Hospice of Seattle was rated by physicians and families as more effective in certain outcomes than Hospice of Spokane, although both models were consistently found to be of high quality. The project demonstrates that selection of a particular hospice program type should be based on the mission and capabilities of the founders, the acceptability of a new provider type by the medical and nursing communities, and the available resources. Study data and instruments are included.

367 *Hospice Care Giver: A Qualitative Study.*
Elizabeth Ann Pannier
Jun 80, 189p
SHR-0010123 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study identified the personal beliefs and life experiences of hospice caregivers that motivated them to work with the terminally ill. The major data sources were 29 indepth interviews with professional and lay hospice caregivers in a midwestern city, although information was also collected through participant observation, hospice documents, private papers, and questionnaires. Analysis of the data revealed three major categories of belief systems: the social reformer – persons who see a need to change the way medical care is offered to the terminally ill and their families; the experiencers – persons who have lost a family member or friend and feel they have something to offer from the experience; and the disciples – individuals who are truly committed to a higher purpose and service in this world through their belief in God. All caregivers tended to have personal or professional experiences with death or dying

that shaped their beliefs and influenced their decision to work in a hospice. The study found that strong beliefs, good relating skills, and ongoing support systems were important in facilitating better coping skills for the hospice caregivers. These persons tended to leave the hospice when personal issues regarding death were not resolved or when they experienced great frustration with the hospice itself. The study emphasizes the need for education and training programs for hospice caregivers as well as built-in support systems. Biographies of the caregivers, questionnaires, and references are appended. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to Northwestern University, 1980.*

368 *Hospice Saint John: A Three Year Demonstration of Hospice Care.*
John M. Brndjar, Philip G. Decker, Paul J. Peterson, and Charles J. Rogers
Lutheran Welfare Service of Northeastern Pennsylvania, Inc., Kingston.
Administration on Aging, Washington, DC. Model Projects in Aging Program.
Oct 82, 108p
SHR-0010232 Available NTIS PC$13.00/MF$4.50

This report discusses the establishment and operation of Hospice Saint John, which was organized to meet the total needs of elderly, terminally ill people in Luzerne County, Pa. Hospice Saint John sought to introduce to the region an alternative to institutionalization by providing a comprehensive, largely home-based program of care where no previous system existed. The terminally ill patient and the family are considered to be the "unit of care." An interdisciplinary team provides the care, including a medical director, nurses, a social worker, a counselor, and volunteers. The report shows the project's accomplishments by listing them according to the project's stated objectives for each year (3 years total) and discusses the project's implications. About 125 references and project materials are appended.

369 *Human Services Management Transfer Project. Final Report on Activities Accomplished in Year Three.*
Phyllis T. Elliott, and Sandra B. Evans
Welfare Research Inc., Albany, NY.
Office of Human Development Services, Washington, DC. Office of Policy Development.
Jul 82, 32p
SHR-0010434 Available from Welfare Research, Inc., 112 State Street, Albany, NY 12207.

This report summarizes the activities of the third and final year of the federally funded Human Services Management Project and presents a conceptual framework for understanding and applying technology transfer to human service agencies. A major project activity was demonstration of the systematic transfer process developed during its first year, consisting of dissemination, exploration and assessment, and technical assistance. The project made presentations to groups and national conferences, had its materials incorporated into courses offered by three universities, and conducted assessments of States interested in participating as transfer sites. This report describes the assessment instruments and reviews the technical assistance given to individual States. The project also conducted a national workshop on unit costing in human services. Other efforts focused on methods to reformat demonstration program materials to meet State or agency requirements, developing new materials on accountability and compliance, and using the multiple transfer experiences to develop products that had value to more than one transfer site. The project added a technology transfer tracking and documentation component in response to growing requests for technical assistance. It collected data from all

transfer sites, using several instruments, and completed final case studies for Kansas, Massachusetts, and Kentucky. The conceptual framework developed from the project's experiences has four key components: conditions for transfer, levels of effort stages of transfer, and elements of the transfer process. The report examines each stage in detail and discusses resources for technical transfer in an environment of decreased Federal funding. Tables and charts are included. Cost study and transfer tracking reports are appended.

370 *Human Services on a Limited Budget.*
Robert Agranoff
International City Management Association, Washington, DC.
1983, 228p
SHR-0010437 Available from International City Management Association, 1120 G Street, NW, Washington, DC 20005.

Articles in this book focus on three areas of human service management that have become critical as growth has given way to an emphasis on efficient and effective use of resources: the role of local governments, special human service populations, and managing with less. Local government areas addressed include a history of Government involvement in social welfare programs, private sector efforts to serve the public good, and citizen participation. Another author surveys nonservice approaches to social welfare, such as government regulation or deregulation, tax policy changes, and administrative reforms. Human services policy as formulated by the City Manager's Human Service Committee in Cincinnati, Ohio, is presented. Other papers examine the problems of special populations – the elderly, the handicapped, the homeless, and welfare recipients. Individual articles outline alternative functions for cities to assume in aging programs, examine the implications of Section 504 regulations of the Rehabilitation Act of 1973 for local governments, summarize efforts to coordinate transportation services in rural Georgia, and describe a manpower development and training program for welfare recipients in Wisconsin. Additional articles suggest ways to manage service resources effectively, discussing fundraising, user charges, and contracting services to the private sector. Other authors discuss interagency contingency planning activities in Columbus/Franklin County, Ohio, and methods of improving productivity in human service organizations. About 50 references are provided. *Practical Management Series.*

371 *Installing Quality Circles: A Strategic Approach.*
Laurie Fitzgerald, and Joseph Murphy
1982, 134p
SHR-0010426 Available from University Associates Inc., 8517 Production Avenue, PO Box 26240, San Diego, CA 92126.

This book describes the quality circle (QC) approach to improving productivity through participative management and details a nine-step process for QC implementation. A QC consists of 3 to 12 employees who perform the same work or share the same work area and who meet on a regular basis to apply statistical techniques and tools learned to problems affecting their work. They then present recommendations to management for authorization to implement their solutions. An overview of the QC concept covers its history, budget requirements, structures, advantages, and pitfalls. A checklist for assessing an organization's chances of QC success is included. The book then presents a model for installing QC's which consists of nine steps: strategic planning, selling QC's to senior management, selling QC's to middle and line management, selling QC's to the union, selecting pilots and establishing structure, training, circle implementation, evaluation and refinement, and expansion. Each step is addressed under the subheadings of overview, content, participants, time frame,

and tips for success. The authors emphasize that strategic planning is the most important step, followed by implementation and training. Basic tools included in training are brainstorming, data collection devices such as checklists, Pareto analysis, cause-and-effect diagrams, data display techniques, sampling, and techniques for determining costs. The section on implementation is organized around the QC's primary objectives: everyday innovation, problem solving, and cost savings. Charts and 24 references are provided.

372 *Institutional Model of Treatment for Mentally Ill Persons.*
Paul G. Provencher
15 Jan 82, 33p
SHR-0010128 Available NTIS PC$08.50/MF$4.50

Focusing on the mental health hospitals in Massachusetts, this paper explores the rationale for using the institutional model of treatment of the mentally ill within public facilities. It describes the nature of State mental health hospitals, how they developed through history, and why society has persisted in using this model. The paper also reviews the major characteristics these institutions have developed and the effects that institutionalization in them has had on the lives of patients. Various changes that have taken place in these institutions over the last 30 years are traced, and the potential future role of public mental hospitals is assessed. As total care and control environments, public mental hospitals are seen as institutions established because of insufficient financial resources and insufficient understanding of the capacities and needs of the mentally ill. Their bureaucratic, centralized management style and discriminatory human care systems are antiquated and without justifying argument for their perpetualization. They should be replaced by a community-based private delivery care system. Graphs, 23 footnotes, and a 61-item bibliography are provided. *Presented in partial completion of the Comprehensive Qualifying Examination, School of Education, University of Massachusetts.*

373 *Instrument-Based Program Monitoring System: A New Tool for Day Care Monitoring. Volume 4: System Documentation for Pennsylvania's Instrument-Based Program Monitoring System.*
Richard J. Fiene, Earl Douglas, and Mark G. Nixon
Pennsylvania Dept. of Public Welfare, Harrisburg. Childrens Services Monitoring Transfer Consortium. Office of Human Development Services, Washington, DC. Office of Policy Development.
Oct 81, 236p
SHR-0010285 Available from Pennsylvania Office of Children, Youth and Families, 1514 North Second Street, Harrisburg, Pa 17102, Attn: Dr. Richard Fiene.

This manual contains both general and specific instructions for administering the Child Development Program Evaluation (CDPE), a tool for monitoring child day care facilities in Pennsylvania. The assessment tool assures compliance with State and Federal day care regulations and upgrades or maintains the quality of day care services. The manual reviews the role of Pennsylvania's Department of Public Welfare in administering the instrument data collection and interviewing procedures, and item format and recording procedures. Also spelled out are instructions for administering specific items in the CDPE. Appendices include a CDPE source reference list, topic item distribution, an implementation summary, and other information. Program evaluation forms and additional detailed instructions are provided. *See also volumes 1 and 3, SHR-0009674 and SHR-0009675.*

374 *Integrating State Programs for Cost Containment.*
Larry H[illegible]tzke
Institute for Health Planning, Inc., Madison, WI.

Health Resources Administration, Hyattsville, MD.
Jan 83, 65p
SHR-0010208 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

States are under increasing pressure to contain the cost of medical care. One set of strategies available to States for addressing the problem entails the establishment of programs whose primary purpose is, or could be, the control of medical facility costs. Certificate of need, rate regulation, and health planning are three State programs that have been identified as having the potential ability to contain costs. However, if States operate these programs in an insulated manner, each of them may not realize the full potential as a means for cost containment. This document illustrates how these programs can best be integrated with one another and coordinated with other associated State programs to promote their most effective operation. Such integration and coordination can result in a cost containment initiative whose combined influence is greater than the sum of its parts. Discussion is devoted to the specific linkages possible among the three programs and between the three programs and other associated State programs. The document concludes with a discussion of three alternative environments. Through consideration of the linkages identified in this document, States will increase their awareness of the need to integrate these State programs, thereby increasing the programs' effectiveness. A total of 34 footnotes and about 55 references are supplied. *Author abstract.*

375 *Intensive Crisis Counseling Programs (ICCP).*
Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
1 Oct 82, 83p
SHR-0010116 Available from State of Florida, Department of Health and Rehabilitative Services, Office of Evaluation, 1317 Winwood Blvd., Room 423 Building 1, Tallahassee, FL 32301.

This report evaluates the first 9 months of operation of Florida's Intensive Crisis Counseling Program (ICCP), a pilot project to provide crisis counseling to families in their own homes when there is danger of imminent removal of the child from the home. The program's purpose is to keep families intact when crises occur, reducing the number of children entering the foster care system. ICCP therapists are skilled in family counseling techniques and work with a maximum of four families at a time, limiting the length of service to any family to 6 weeks. Two pilot projects established in Miami and Panama City in February 1981 served 107 families during the first 9 months. Of these families, 92 were still intact when the ICCP services ended for an 86 percent success rate. Utilization of the program has been below capacity at 62.7 percent, but this may be attributed to its newness. Satisfaction with ICCP by State Health and Rehabilitation workers is consistently high. The report also presents data on the target population served and compares ICCP with the Homebuilder program in Tacoma, Wash., on which it is based. For example, 63 percent of the families served were headed by single parents and 56.1 percent were white. Cost avoidance estimates suggest that the ICCP model is cost effective because of its apparent ability to prevent family dissolution and avoid the much higher cost of removal and residential placement for the child. These estimates assume that referrals are made to ICCP only when it appears that the child will have to be moved from the home, and there are indications that this criterion has not been strictly observed. The report provides several recommendations, including expanding the project to other districts and continuing education efforts. The appendices contain a preliminary evaluation, tables, and materials used in the ICCP. *Report E-82-6.*

376 *Interorganizational Coordination: Theory, Research, and Implementation.*
David L. Rogers, and David A. Whetten
North Central Regional Center for Rural Development, Ames, IA.
1982, 206p
SHR-0010443 Available from Iowa State University Press, South State Avenue, 112 South Press Office, Ames, IA 50010.

The text focuses on lateral coordination between nonbusiness organizations, such as Federal and State service programs and voluntary community organizations. It examines different definitions and forms of coordination and compares three forms of coordination (mutual adjustment, alliance, and corporate) in terms of the actors involved, focus of power, goals, and degree of resource commitment. The evolution of interorganizational coordination (IOC) as a policy initiative is discussed, and the ideological underpinnings of contemporary treatments of coordination are examined and contrasted with the ideologies of earlier eras. The linkage between approaches to IOC and prevailing social and political philosophies are highlighted. Two chapters examine the antecedents and consequences of successful coordination, including the factors that inhibit successful coordination and the role of crises in stimulating coordination efforts. The last section looks at IOC from the perspectives of the researcher, the interventionist, and the policy analyst. Specifically, the process of conducting research in IOC is examined in detail, available training materials designed as intervention tools are reviewed, and the prevailing approach to studying IOC among public service programs is critiqued. Tables, an index, and about 285 references are supplied. *Author abstract modified.*

377 *Job Stress and Burnout: Research, Theory, and Intervention Perspectives.*
Whiton Stewart Paine
1982, 296p
SHR-0010445 Available from Sage Publications, PO Box 5024, Beverly Hills, CA 90210.

The papers in this book were drawn from the First National Conference on Burnout held in November 1981 and address methodological concerns, the necessity of treating the burnout stress syndrome within the larger social and economic context, and specific interventions to strengthen individuals' abilities to deal with work stress. Articles on methodology examine definitional problems, elements that should be included in a burnout model from the ecological perspective, and criteria for evaluating the extensive literature on burnout. The context of burnout, tracing its economic, political, and historical roots, is also discussed, as are the economic costs and legal consequences of burnout and whether certain factors in the training of professionals influence burnout. Separate papers describe three major intervention strategies: workshops, development of individual stress management skills, and focused, short-term counseling. These discussions offer guidelines for selecting and presenting workshops, a typology for strategies of stress management, and an analysis of issues that arise when supervisors assume a semiclinical role. Other authors explore organizational change, emphasizing that professionals able to relate closely to other professionals in their work are less likely to burn out. They also note that supervision is a separate key to reducing burnout and that the work environment itself must be an important focus for intervention. Another paper analyzes the relevance of organizational development and change strategies in ameliorating burnout. The closing chapter discusses some obstacles and prospects for work on the burnout syndrome. Tables, over 400 references, and an index are included. *Sage Focus Editions, no. 54.*

378 *Juvenile Justice Management Training Program Manual.*
Claudia Dengler, James Michael Hayes, and Donna Gagnon

Massachusetts Halfway Houses, Inc., Boston.
Massachusetts Committee on Criminal Justice, Boston.
Gardiner Howland Shaw Foundation, Sturbridge, MA.
Permanent Charity Fund of Boston, MA.
Polaroid Foundation, Inc., Cambridge, MA.
1980, 530p
SHR-0010291 Available from Management Training Program, PO Box 348, Boston, MA 02117.

This manual reflects Massachusetts' pioneering experience with community-based juvenile justice programs that deliver care and treatment to the State's troubled children on a private, nonprofit basis. The management curriculum for operating such programs is based on a comprehensive, accessible, replicable, and ongoing training and technical assistance project designed by Massachusetts Half-Way Houses, Inc. Management expertise is emphasized in the belief that it is the key to both effective service provision and financial solvency. The manual is a collection of monographs and papers organized under the following headings: organizational management, financial management, service delivery, personnel, and contracting and legal issues. These modules contain training plans consisting of presenter narratives, handouts, exercises, a suggested timetable, and bibliographies. In addition to serving as a training program supplement, the manual should be used as a reference book by program managers. It will also provide an outline from which providers can construct and implement their own preservice and training program. Tabular data are given.

379 *Keys to Making a Volunteer Program Work: A Guide for Organizations That Use Volunteers.*
Kathleen M. Brown
1982, 82p
SHR-0010143 Available from Arden Publications, 401 Vista Heights Road, Richmond, CA 94805.

This book discusses eight keys that make a volunteer program work: good job design, staff commitment, well-planned recruitment, careful screening and selection, appropriate training, good supervision by staff, appropriate surveillance by the volunteer program manager, and systematic evaluation. The text lists the elements of volunteer job design and includes a sample job description. It also lists policies and procedures for volunteers and suggests recruitment and interviewing techniques. The book also includes additional forms and comments on scheduling and monitoring volunteers' time and on evaluating their performance, including self-evaluation procedures.

380 *Live-in Companion Referral Service.*
Betty J. Davis
Indianapolis Settlements, Inc., IN.
1983, 13p
SHR-0010237 Available from Indianapolis Settlements, Inc., 615 North Alabama, Room 312, Indianapolis, IN 46204.

The Live-In Companion Referral Service, located in Indianapolis, Ind., was organized in February 1981 by the coordinator of Senior Services for Indianapolis Settlements, Inc. It is staffed by senior citizen volunteers who try to match up requests for companions with those who are in need of adequate housing. No terms of the final arrangements are dictated, as the agreements are the sole responsibility of the parties involved. As of December 1982, 525 requests for service were recorded. About 100 persons have been helped. Volunteers follow up on a monthly basis the requests received to determine if the person still needs assistance. The Service needs funding so that it can be expanded and made more efficient, especially as one full-time salaried staff person is greatly needed.

Four references are included. *Presentation at the National Conference on Aging, Detroit, Mich., 1983.*

381 *Looking Forward: New Options for Your Later Years.*
Bert Kruger Smith
1983, 173p
SHR-0010197 Available from Order Department, Beacon Press, 25 Beacon Street, Boston, MA 02108.

The elderly must grow to see themselves as vital, contributing members of society. To this end, several important programs are being tested. Shared living for the elderly, elder villages, and neighborhood support networks have been introduced as viable alternatives to often dreary and desolate nursing homes. Elder hostels and community art and poetry programs provide popular and successful means for keeping older minds active and alert. Preventive medicine, including dentistry, will keep bodies fit and keep Medicaid and Medicare costs down. The advent of the personal computer will enable the housebound to shop and bank from home and many older persons will be able to work beyond the traditional retirement age. Chapter references and a summary of the 1981 White House Conference on Aging are appended. *Author abstract modified.*

382 *Managing the Problem Employee.*
Edward Roseman
1982, 262p
SHR-0010368 Available from AMACOM, American Management Associations, 135 West 50th Street, New York, NY 10020.

This book explains how managers can identify the problems that all workers have from time to time and offers step-by-step guidelines for solving these problems. It suggests that problem employees are often unmanageable only by their current managers and that they are capable of performing well under somebody else's supervision. General advice on managing problem employees covers ways of constructively confronting problem employees, effective intervention when employees are immobilized by crises, and methods of helping employees work through problems. Specific strategies are also given for managing 23 different common types of problem employees. Among these are the discouraged employee, the employee with grievances, the employee suffering from loss or disappointment, the insubordiante employee, the unpopular employee, the nonpromotable employee, and the older problem employee. Other types of employees described are the alcoholic employee, the revengeful employee, the nonassertive employee, the change resister, the lazy employee, the absentee or tardy employee, and the burnt-out employee. An index is included. *AMA Management Book.*

383 *Managing With Less. A Book of Readings.*
Elizabeth K. Kellar
International City Management Association, Washington, DC.
1979, 150p
SHR-0010279 Available from International City Management Association, 1120 G Street NW, Washington DC 20005.

This book of readings focuses on such issues as local government organization, cost savings, productivity, and financial management to assist local public administrators in managing under current fiscal constraints. One paper analyzes the effects of Proposition 13 and positive steps local government managers have taken in response. Other topics include organizational decline and cutback management, labor relations under local financial constraints, and contracting for human services. Among articles suggesting specific strategies is one that addresses fire service productivity; another describes energy conservation in new residential buildings; a third explains how finan-

cial information systems should serve managers; a fourth explicates the technique of zero base budgeting. Articles providing attitudinal boosts to frugality and restraint in the administration of public services discuss the psychology of saying "no" and treat management in the context of reduced availability of resources as a positive challenge. Individual articles contain footnotes and tabular data.

384 *Measuring Geriatric Home Care Utilization, Effects, and Costs.*
Suzanne Rie Day
Administration on Aging, Washington, DC.
Health Care Financing Administration, Washington, DC.
1981, 142p
SHR-0010223 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study indicates the use, cost, and outcome of home services for the elderly, based on analysis of records on 7,420 clients of a San Francisco, Calif., home health care agency. It looks, in particular, at clients' exit status (whether to informal status or to nursing homes), the duration and intensity of staff visits, and the total number of visits. Relationships must be considered unique to the population studied. One major finding is that pay plan was the strongest predictor of both duration and intensity of service use. Those on Medicare were screened for eligibility requirements and designated as needing skilled therapeutic or terminal care. Even so, research on home care has not applied pay plan as an accessible proxy for case-mix when analyzing the effect of service on a population. Furthermore, duration of visits was found to be long only where intensity was moderately low. Accurate measurement of effectiveness is impossible unless some objective is specified or some direction set. Implications of these findings for policy questions are addressed. Study data, footnotes, and over 100 references are supplied. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to the University of Michigan, 1981.*

385 *Medicaid Reimbursement of Nursing-Home Care.*
Paul L. Grimaldi
American Enterprise Inst. for Public Policy Research, Washington, DC.
1982, 194p
SHR-0010303 Available from American Enterprise Institute for Public Policy Research, 1150 17th Street NW, Washington, DC 20036.

This study focuses on the role Medicaid plays in stimulating the efficient and effective production of nursing home care. It explores the phenomenal growth of the nursing home industry since 1960 and shows that proprietary (for-profit) homes have supplied a large portion of the care to chronically ill patients and have done so at lower unit costs than voluntary and governmental homes. The text examines cost concepts used to calculate Medicaid reimbursement rates and explains why Medicaid does not reimburse all costs incurred by providers. An analysis of the economic implications of State Medicaid reimbursement formulas in effect in 1978 and 1979 shows that the key ingredient of a State plan should be reliance upon market incentives to motivate nursing home operators to achieve public policy goals. The study also examined alternative models of pricing and output behavior in the nursing home industry, the notion that making profits from treating chronically sick people is improper, and notions of efficiency and cost containment. The final chapter makes some observations about the cost of nursing home care over the next decade, society's willingness to transfer additional resources to chronically ill persons, and regulation of the nursing home industry. The book concludes that Medicaid payment rates must be competitive if the quality of care is to reach desired levels. Tables, figures, footnotes, and an explanation of Medicaid reimbursement in six States are provided. *Author abstract modified. AEI studies, no. 333.*

386 *Medicare and Medicaid: Incremental Change in Health Care Financing.*
Greta Magill
Institute for Health Planning, Madison, WI.
Health Resources Administration, Hyattsville, MD.
Mar 83, 74p
SHR-0010284 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison WI 53702.

Since their enactment in 1965, the Medicare and Medicaid programs have made profound changes in the way health care services are delivered and financed. Their method of paying for hospital services – cost based-reimbursement – has been a prime contributor to the escalation in health care costs. High health care costs, in turn, have been the major impetus behind many of the reform measures for Medicare and Medicaid which have been adopted in the last few years. Probably the most important reform in Medicare has been the change from the cost-per-diem system of paying institutional providers to a cost-per-case system. The new system gives providers incentives to reduce the costs of care and to improve certain facility management practices. Amendments to Medicaid legislation have sharply reduced Federal matching payments to States and have given States greater flexibility to develop new service delivery and financing arrangements. Federally supported demonstration projects and State-sponsored programs have provided information to guide development of Medicare and Medicaid reforms and, in turn, have been affected by the changes in requirements. Demand for health care cost containment has renewed interest in the health planning program – particularly the State-level program – and the cost containment tools which it possesses. Ways in which State health planning programs can address concerns of both Medicare and Medicaid and improve the States' management of their Medicaid programs are discussed. Reference notes and tables illustrating Medicare and Medicaid amendments and provisions are included. *Author abstract modified.*

387 *Mental Health Promotion and Primary Prevention.*
Felice Davidson Perlmutter
1982, 109p
SHR-0010219 Available from Jossey-Bass Inc., 433 California Street, San Francisco, CA 94104.

Papers in this volume are intended to further discussion and stimulate activity in the area of mental health promotion and primary prevention. Introductory articles identify critical conceptual issues, emphasizing the recent shift of focus from treatment of illness to prevention and mental health promotion. This focus requires new approaches that extend beyond mental health agencies: mental health should be promoted by the institutions involved with the normal process of living. A criticism of preventive programming points out that little proof exists that primary prevention actually reduces the incidence of mental illness. Fiscal issues of program implementation are also raised. Implementation of primary prevention programs is illustrated by descriptions of mental health services delivered at workplaces and community mental health centers. The functioning of the latter is analyzed at three levels; the microsystem, the organization, and the community macrosystem. A discussion of mental health for the aging emphasizes the need to maintain interpersonal relationships. Innovative approaches are also exemplified by the administration of primary prevention programs in New Zealand. The concluding paper deals with the issue of measuring effectiveness of primary prevention services. An index is provided. Individual chapters contain references. *New Directions for Mental Health Services, no. 13, March 1982. Paperback sourcebooks in The Jossey-Bass Social and Behavioral Sciences Series.*

388 *Model for Initiation and Administration of Prevention Services in a Community Mental Health Center.*
Anne Rankin Penney
10 Dec 81, 142p
SHR-0010104 Available from University Microfilms International, 300 N Zeeb Road, Ann Arbor, MI 48106.

This dissertation presents and illustrates a model for introducing change in a community mental health center so that prevention and treatment services may coexist. Although community mental health centers should provide both prevention and treatment services, during the past 2 decades treatment services have received more emphasis. However, recent trends have indicated an expanding role for preventive services. In times of decreased funding, the capacity of preventive services to produce revenue has made them more attractive than ever before. Nevertheless, community mental health centers should not neglect treatment services; they must balance the two services. The model uses theories of social change and identifies variables which influence the internal and external systems. It also outlines the phases necessary in the initiation and administration of an organizational change. Administrators of a community mental health center, located in western Alabama, used the model to initiate a total prevention program within their center. Within 2 months, they produced changes in the administrative structure, personnel attitudes toward the value of prevention, and the nature of services provided. The model enabled administrators to initiate change successfully in a brief time period. Figures, data tables, reference notes, a bibliography listing 105 references, and an appendix presenting the study instrument are included. *Author abstract modified. Submitted in partial fulfillment of the requirements for the degree of Doctor of Education to Auburn University, 1981.*

389 *Municipal Government Revenue Sources in Post Proposition 13 California (Alternatives for Local Policy Makers To Finance Municipal Services).*
Kenneth M. Parris
California Univ., Santa Barbara. Urban Economics Program.
National Science Foundation, Washington, DC.
Aug 79, 55p
SHR-0010150 Available from Urban Economics Program, Community and Organization Research Institute, University of California, Santa Barbara, CA 93106.

In the wake of Proposition 13, California cities are searching for alternative revenue sources to finance expenditures for services experiencing cutbacks. This paper shows how cities can raise additional revenues by charging fees for services in accordance with rational pricing principles. The paper also explores the implementation of assessment districts as a means of financing certain city services such as street lighting, landscaping, and park maintenance. The principles are set forth using the City of Oxnard as a case study, although they are equally implementable by any municipal government. The first section discusses public goods and analyzes the revenue sources used to finance public expenditures. The second section describes principles for setting fees and illustrates how these principles, when applied, could increase revenue for Oxnard. The final section explores the implementation of assessment districts as a method of charging for public services and provides the methodology required in implementing an assessment district. Tables, footnotes, and 16 references are given. *Research Report in Public Policy, no. 23.*

390 *Needs Assessment: The State of the Art. A Guide for Planners, Managers, and Funders of Health and Human Care Services.*
Russy D. Sumariwalla

United Way of America, Alexandria, VA. Planning and Allocations Div.
United Way Inst., Alexandria, VA.
Nov 82, 107p
SHR-0010115 Available from United Way's National Sales/Service Center, 701 North Fairfax Street, Alexandria, VA 22314-2088.

This report describes the various facets of needs assessment research to aid communities interested in systematically identifying and determining health and human care needs. It defines relevant terms and explains the scope and level of needs assessments. It presents 17 distinct approaches to needs assessment: 10 relate to primary data collection, and 7 use secondary data. The study also emphasizes the importance of orderly classification when inventorying community resources. It describes the needs assessment process in five phases – from initiation to evaluation – and presents 10 applications of needs research. It reviews past efforts at needs assessment in both public and private sectors and presents the results of a survey of 28 communities with recent experience conducting needs assessments. Appendices include an outline from the United Way of America's taxonomy of human service programs, a list of Federal programs requiring needs assessments, and other material. Over 100 references and additional study data are included. *Author abstract modified.*

391 *New Work Schedules for a Changing Society.*
Jerome M. Rosow, and Robert Zager
Work in America Inst., Inc., Scarsdale, NY.
Commonwealth Fund, New York.
Carnegie Corp. of New York.
1981, 128p
SHR-0010130 Available from Work in America Institute, Pergamon Press, Fairview Park, Elmsford, NY 10523.

This volume describes the work environment of the 1980's, offers guidelines for implementing new work schedules, and examines the impact of these changes on society. A forecast for the 1980's estimates that 25 percent of the full-time nonagricultural workers in the United States will be on flexible work schedules (flexitime) and that 28 percent will be engaged in part-time work, job sharing, or work sharing. It also contends that the work week will be reduced to 36 hours and that work sharing will emerge as an intelligent alternative to layoffs and unemployment. The book first defines these scheduling options and summarizes their benefits and disadvantages. It then offers practical advice to employers and unions on steps to determine whether a new schedule is desirable, whether it will succeed, which type of new schedule to implement, and how to make such changes successfully. The section on broader policy concerns begins by examining ways that new work schedules can resolve energy and commuting problems. The discussion of work sharing as an alternative to unemployment emphasizes that the present unemployment insurance system poses a major barrier to this plan and proposes adopting short-time unemployment compensation modeled on the West German system. Ways that government and unions can promote part-time work and job sharing are reviewed. The book also explores the impact of work schedules on family and personal time, recommending employer strategies to reduce conflicts. Finally, the dangers of overtime abuse on flexible schedules are examined from the labor union perspective. The report provides 50 recommendations to facilitate the use of new work schedules and improve their applicability. Tables and references are included. *A Work in America Institute Policy Study.*

392 *Nurses Shift Gears: The Conservation and Maximization of Human Resources for the Benefit of Resident Care.*
Al A. Mendlovitz, and Robert N. Milman

Nov 80, 26p
SHR-0010195 Available from A.A. Mendlovitz, Blumenthal Jewish Home, PO Box 38, Clemmons, NC 27012.

This paper presents a case study of administrative intervention which resulted in changes that upgraded staff job satisfaction, performance, and the quality of life for residents in a long-term care facility. These improvements resulted from the use of case management and structural and process changes that involved two major components: the introduction of a service unit system in the nursing department, which restructured the nursing delivery system into a smaller, more compact and intimate working environment; and changes of the nursing staff's work schedules to respond to staff frustrations and dissatisfactions. The results of these approaches improved residents' quality of life by enabling the development of therapeutic, individualized treatment plans and dramatically reducing the staff turnover rate. Appendices include a detailed implementation of the program, job descriptions of key nursing posts, a flowchart of the nursing staff organization, shift diagrams, and other scheduling aids.

393 *On the Fringe of Benefits: Working Parents and the Corporation.*
Dana Friedman
Center for Public Resources, New York.
Charles Stewart Mott Foundation, Flint, MI.
1981, 29p
SHR-0010240 Available from Center for Public Resources, 680 5th Avenue, New York, NY 10019.

This paper presents the rationale behind, incentives for, and experiences of corporations participating in programs for working parents, all with a view towards encouraging corporation practices that will aid employees in caring for their children. The research points out the various corporate options for child care, including flexible benefit plans, alternative work schedules, and day care. The experiences of companies cited in the paper reflect common corporate strategies regarding child care. Union activities in this area are also noted. A total of 17 reference notes are appended.

394 *On the Road to Permanency: An Expanded Data Base for Service to Children in Foster Care.*
David Fanshel
Child Welfare League of America, Inc., New York.
New York State Dept. of Social Services, Albany.
Child Welfare Information Services, Inc., New York.
1982, 337p
SHR-0010346 Available from Child Welfare League of America, 67 Irving Place, New York, NY 10003.

This volume reports upon three related mini-projects that were carried out in 1976 to 1977 with the cooperation of voluntary child welfare agencies in New York City. From 20 to 33 agencies participated in each study. The effort was designed to build upon the management information system known as Child Welfare Information Services (CWIS) in New York City. The studies focused on parents visiting their children in care, service contacts with parents and the parents' ability to establish working relationships with their social workers, and the child's foster home as a potential permanent abode. The major argument supporting the use of the data modules created in the three field trials is that the findings are very informative for those interested in promoting permanency for foster children. The Family Visiting of Children in Care Project revealed other relatives visited the children when the parents did not, although children without any visitors totaled 17 percent. In the study of parents' capacity for service involvement, social workers reported a high degree of difficulty in getting the available parents

into an ongoing service contact. The last study indicated that 78 percent of the foster parents had been approached by agencies to consider adoption, with most of those approached responding positively. Study data and instruments and references are supplied. *Author abstract modified. Report AM-34.*

395 *Organizing for Local Fundraising: Self-Sufficiency for the 80s.*
Robert Johnsen, David Tobin, and Jessie Bond
Center for Community Organizations, Arlington, VA.
BankAmerica Foundation, San Francisco, CA.
1982, 58p
SHR-0010259 Available from Volunteer Readership, PO Box 1807, Boulder, CO 80306.

This manual presents strategies and examples of community program fundraising and implementation which enable local nonprofit groups to raise core financial support from the local community. It reviews community groups' goals and needs and explains how to prepare a core budget that realistically reflects essential financial needs, as well as needs for financial support of supplemental activities and special projects. The manual presents step-by-step descriptions for planning, organizing, and evaluating six fundraising strategies aimed at potential individual contributors, as well as concise descriptions of ways to identify, approach, and raise funds from local businesses, institutions, and voluntary associations. The report also describes the experience of one community organization (Lake View Citizens' Council in Chicago, Ill.) which has successfully implemented many of the strategies described in the manual. It lists organizations and publications providing materials relevant to fundraising from foundations, large corporations, government, church-related organizations, and the United Way. Worksheets and other fundraising materials are included.

396 *Parents of Children in Placement: Perspectives and Programs.*
Paula A. Sinanoglu, and Anthony N. Maluccio
Connecticut Univ., West Hartford. School of Social Work.
Children's Bureau, Washington, DC.
Connecticut Dept. of Children and Youth Services, Hartford.
Rhode Island Dept. of Social and Rehabilitative Services, Providence.
1981, 475p
SHR-0010109 Available from Child Welfare League of America Inc., CN 3107, 300 Raritan Center, Parkway Edison, NJ 08818.

This collection of 30 papers presents numerous perspectives on and approaches to biological parents of children placed in foster care. It is addressed to direct care professionals who must respond to the growing emphasis on working with the family as a unit and promoting reunion of children with their parents. Following an overview of this trend, the book offers papers from pioneers in the child welfare field that were originally published in the 1940's but highlight issues that remain important today. The next group of papers supports the ecological perspective of placement that stresses the development of peoples' adaptive capacities and improving environments for those who function in them. The sociocultural viewpoint is represented by three articles examining child welfare practices with black and American Indian families as well as open adoption where biological parents maintain the right to contacts and knowing about their child's welfare. Legal discussions address the concepts of "best interests of the child" and "the least detrimental alternative." Three articles attest to the importance of the biological parent to the child, while other authors consider the impact of foster placement on the parent. The book's next section contains several descriptions of programs and methods of working with parents that emphasize parents' participation in the

child's placement and in permanent planning for the child. Issues covered include the urgency of preventing extended foster care, early identification of family problems and intensive counseling to prevent placement, and systematic case planning. Programs in group homes, foster homes, and residential treatment centers that use the concept of part-time parenting are reviewed. The final papers discuss worker burnout and parent-child visitation in foster care. References are included.

397 *Pennsylvania's HSA/AAA Long-Term Care Planning and Development Model Project, Volume I.*
Leo F. LaPlante, Dennis D. Hopkins, and Nan R. Whitesel
Pennsylvania Dept. of Aging, Harrisburg. Bureau of Program and Field Operations.
Administration on Aging, Washington, DC. Model Projects in Aging Program.
Dec 82, 111p
SHR-0010234 Available NTIS PC$13.00/MF$4.50

The long-term care planning and development model project was begun in September 1979 to establish systems level planning for long-term care in Pennsylvania. The project's overall goal was to fashion and implement a statewide planning process focusing on the development of a comprehensive long-term care system through coordinated local planning by Health Systems Agencies (HSA's) and Area Agencies on Aging (AAA's). Coordinated AAA/HSA activities which began as a result of this project generated an increased emphasis on locally specific long-term care issues and influenced HSA planning to include community-based as well as institutional forms of service. They involved providers and consumers in the development of a needs assessment mechanism, thereby eliminating some resistance to acceptance of a uniform assessment process; identified differences between planning for long-term care in urban and rural areas; and fostered the development of model continuums of long-term care and models for integrated planning for health and social services. Recommendations include formulating Federal long-term care guidelines to assist States and local areas, conducting more research in using "wellness models," and integrating funding streams to promote a more holistic approach to the provision of long-term care. *See also volumes II and III, SHR-0010235 and SHR-0010236.*

398 *Pennsylvania's HSA/AAA Long-Term Care Planning and Development Model Project, Volume II.*
Leo F. LaPlante, Dennis D. Hopkins, and Nan R. Whitesel
Pennsylvania Dept. on Aging, Harrisburg. Bureau of Program and Field Operations.
Administration on Aging, Washington, DC. Model Projects in Aging Program.
Dec 82, 263p
SHR-0010235 Available NTIS PC$22.00/MF$4.50

Seven Health Systems Agency (HSA) documents constituting part of Pennsylvania's Long-Term Care Planning and Development Model Project examine various issues involved in long-term care planning. Among the topics discussed are quantitative needs assessment methodologies for long-term care services, the Inter-River Model of Long-Term Care Coordination, further development of informal support for the chronically impaired, and Medicaid's problems and potential approaches to meeting long-term care needs. Additional issues analyzed include the financial structure of long-term care and a long-term care client assessment, placement, and planning information system. Also presented is a manual for long-term care planners on rates and ratios. Many of the papers contain footnotes, graphic and tabular data, and references. *See also volumes I and III, SHR-0010234 and SHR-0010236.*

399 *Pilot Study of a Volunteer Intervention Model in Helping Chronically Mentally-Disabled Patients Adjust to Community Placement.*
Douglas Kuei-Nan Chung
Ohio Dept. of Mental Health, Columbus.
1981, 196p
SHR-0010264 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study used an experimental, pretest-posttest control group design to test whether there is a significant relationship between volunteer intervention and the successful community adjustment of chronically mentally disabled clients. The setting for the study was Project PAVE (Patient Advocacy through Volunteer Efforts), an external advocacy program for mentally disabled patients in the Central Ohio Psychiatric Hospital to ease their return to the community. PAVE's Volunteer Intervention Model includes a one-to-one client-volunteer relationship and group activity. Overall, there was no significant relationship between each volunteer intervention approach and successful community adjustment by the clients. However, participation in group activity was related to the number of services used. Further research is needed. Chapter notes, study data, and about 70 references are included. Appendices present data collection instruments and other study forms. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to Ohio State University, 1981.*

400 *Planning Hospital Health Promotion Services for Business and Industry.*
Barry S. Bader, Lynn Dickey Jones, and Sharon Yenney
American Hospital Association, Chicago, IL.
1982, 129p
SHR-0010260 Available from American Hospital Association, 840 North Lake Shore Drive, Chicago, IL 60611.

This book is intended to meet the growing demand from hospitals for information and guidelines on planning programs for business and industry. It focuses on the current economic and social developments affecting industry and creating new business opportunities for hospitals. It also reviews the types of programs available and examples of several hospitals now marketing health promotion services. The importance of conducting a thorough assessment of both the health promotion needs of industry and the hospital's internal resources and capabilities to provide services is emphasized. Finally, the marketing concepts needed to plan health promotion programs and services for business and industry are elucidated. Charts are provided. An annotated bibliography contains approximately 50 entries. *Author abstract modified. AHA catalog no. 070175. Based on papers presented at a series of AHA conferences starting in November 1979.*

401 *Positive Alternative: Redesigning Public Service Delivery.*
Ronnie Brooks
Citizens League, Minneapolis, MN.
24 Mar 82, 21p
SHR-0010280 Available from Citizens League, 84 South Sixth Street, Minneapolis MN 55402.

This report is intended to guide Minnesota's elected officials, government professionals, and community leaders in redesigning public service delivery systems. It describes the prevailing economic and political conditions which necessitate attention to public service delivery. The report introduces an analysis of the fundamental elements of service delivery systems and the values that should be achieved. It details the strategies for redesigning service delivery systems, commenting on the applicability and potential benefits of each. The report also

describes some of the necessary steps associated with implementation of these strategies. Appendices include a matrix designed to help policymakers evaluate proposals for change and redesign ideas and a list of specific opportunities for possible change which should be addressed. *Citizens League Report prepared by Services Committee.*

402 *Practical Evaluation.*
Michael Quinn Patton
1982, 319p
SHR-0010224 Available from Sage Publications, Inc., 275 South Beverly Drive, Beverly Hills, CA 90212.

This book explores the practical implications of conducting evaluations that meet with the criteria of utility, feasibility, propriety, and accuracy. The issue of practicality, the mandate that evaluations be practical, is the focal point of the discussion. It is contended that finding feasible solutions to enormously complex problems is the epitome of the evaluation challenge which requires creativity and flexibility on the part of the evaluator, in addition to hard work. Specifically, the challenge is to generate a great deal of useful information with extremely limited resources. Suggestions are made for approaching evaluation design creatively and in practical collaboration with those involved in the program. The function of goals in evaluations is discussed, and tips are given on creating questionnaires, conducting interviews, and selecting appropriate methodologies. Data collection techniques are delineated that are both practical and creative, and the uses to which evaluators can put management information systems are explained. The discussion also analyzes fundamental principles of data analysis. Charts, an index, and a bibliography of over 150 references are provided.

403 *Prevention Strategies for Mental Health.*
Eugene Aronowitz
Westchester County Dept. of Community Mental Health, White Plains, NY.
1982, 151p
SHR-0010238 Available from Neale Watson Academic Publications, Inc., 156 Fifth Avenue, New York, NY 10010.

These mental health prevention strategies focus on program design and evaluation of work demonstrated to be effective with target groups representing all stages in the life cycle. One article argues for the rapidly developing capability for detecting parents at risk for bearing children with genetic defects. Another explores a number of program models that enhance infant development using many methods: work with infants without teaching parenting skills and without parent involvement, work with infants with peripheral support services to parents, and home visitation programs in which parents are engaged as teachers with or without support services. A third contributor suggests program approaches that develop competencies among children and youth to help them handle life crises and stress; these include self-help and support efforts, problem solving training, behavioral management, and individual intervention. The Michigan Stress Management Program offers adults in need of life coping skills, especially applicable for adolescent mothers and female inmates, particular potential. Another author reviews the history of and current approach to preventing alcohol and substance abuse. Other papers address the problem of children in foster care, the rise of the self-help movement in health care, and model programs operating in Westchester County, N.Y., and other areas to prevent drug abuse among students and other mental health problems. Most articles include references and study data. *Contains papers presented at a series of meetings in White Plains, N.Y., in October 1981.*

404 *Productivity Through Work Innovations.*
Jerome M. Rosow, and Robert Zager
Work in America Inst., Scarsdale, NY.
Andrew W. Mellon Foundation, New York.
J. Howard Pew Freedom Trust, Philadelphia, PA.
Phillip Morris, Inc., New York.
Bethlehem Steel Corp., PA.
1982, 161p
SHR-0010129 Available from Work in America Institute, Pergamon Press, Fairview Park, Elmsford, NY 10523.

The policy study report defines and analyzes the policy issues encountered in the process of work innovation and recommends practical ways of accomplishing results. The text offers an overview of work innovations in the United States: the underlying forces, the interests and positions of the parties involved, and the spectrum of work innovations that has evolved to meet the need. It discusses work innovations from the perspectives of employers, employees, unions, supervisors and managers. Several chapters describe the management of work innovations: launching and pilot-testing, diffusion, and institutionalization. Recommendations to employers and unions to assist them in developing and managing work innovations include the suggestion that employers should consider the financial costs of work innovations as an investment with the potential for a very high rate of return. Employers should ask the work force to improve particular aspects of performance rather than to increase productivity as such. In addition, employers should ensure that all participation in work innovations is genuinely voluntary. A total of 48 recommendations are given, along with chapter notes. *Author abstract modified. A Work in America Institute Policy Study.*

405 *Program Design Issues in the Improved Administration of Human Services Programs.*
David M. Austin
1983, 11p
SHR-0010389 Pub. in Administration in Social Work v7 n1 p1-11 Spring 1983.

This paper analyzes administrative and program alternatives involved in designing human service programs during the 1980's, assuming no increases in Federal dollars and no decreases in demands for services. At least three ideal service models can be identified: the market model emphasizing the client as the coordinator of services, the public administration model where central bodies and administrators coordinate services, and the decentralized, collaborative networking model. The author explores design issues relevant to the last two models, beginning with professional-administrator relations. Administration designs must consider that conflicts between administrators and professionals serve as a form of organizational checks and balances and employ an approach that combines buffering and linkages. For example, maintenance of service standards can be delegated to relatively self-governing professional service units who are also responsible for reconciling performance with broad policies and budgets. In addition, a human service agency's operating rationale must be compatible with existing conceptions of service and yet unify staff aspirations for a more comprehensive mission. Every human service program has a distinctive operational pattern controlling personnel selection and task assignments. These patterns can be categorized as professional, system, social care, natural care, research and development, and first aid modes and must be considered in any reorganization. Finally, the article discusses choosing between services provided directly by a governmental agency or by contractors, service allocation decisions, and consumer participation. Seven references are included. *Material in this article was included in a background paper prepared for the Panel on Coordination of Services to Children and the Elderly, National Academy of Public Administration and the Council of State Governments, 1980.*

406 *Promoting the Well-Being of the Elderly: A Community Diagnosis.*
Thomas T. Wan, Barbara Gill Odell, and David T. Lewis
1982, 227p
SHR-0010149 Available from The Haworth Press, 28 East 22 Street, New York, NY 10010.

The book reports on a 1978 needs assessment survey of Baltimore County's elderly residents, called the Senior Needs Assessment Project (SNAP). SNAP elicited residents' opinions of their present well-being, their awareness of existing services, and their desires for additional assistance. The report examines several factors influencing the need for service. These include social and demographic characteristics of the elderly population; the social, psychological, and physical well-being of the elderly population; characteristics of the frail elderly; use of health and social services; and factors affecting unmet service needs and their interrelationship with social and health characteristics of the community's elderly. These characteristics are examined for the population as a whole and for populations in each of five designated service areas in the county: southeast, southwest, north, northeast, and northwest. SNAP results indicate that on the whole, Baltimore County's elderly population was relatively better off physically, psychologically, and socially than the elderly population of the Nation, although over one-quarter needed assistance in activities to maintain independent living. Persons who had never married showed a higher level of well-being than other marital groups of elderly. The frail elderly, who were a small percentage of the total elderly population, had high priority service needs, and their needs may place an unnecessary cost on the county's population as a whole. A strategy to meet the needs identified concludes the text. Survey instruments, survey data, chapter references, footnotes, and an index are provided.

407 *Proposals for Restructuring Tax Incentives for Health Insurance.*
Carol V. Getts
Institute for Health Planning, Inc., Madison, WI.
Health Resources Administration, Hyattsville, MD.
Jan 83, 44p
SHR-0010209 Available from Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

Several proposals have been introduced in recent sessions of Congress to restructure the tax incentives for health insurance. With passage of the Tax Equity and Fiscal Responsibility Act of 1982, tax incentives for individual-purchased health insurance were reduced. Now, only individuals who itemize their income tax deductions and who have large out-of-pocket medical expenses can deduct the cost of health insurance. The more costly tax subsidy is provided for employer-purchased health insurance. Currently, health insurance premiums paid by employers are exempt from corporate, payroll, and personal income taxation. It has been estimated that this exclusion will result in a $30.7 billion loss of tax revenues in 1983 – $20.4 billion from Federal income taxes, $6.5 billion from employee and employer Social Security taxes, and $3.8 billion from State income taxes. This document describes nine proposals that were introduced to the 96th and 97th Congress with provisions to restructure tax incentives for employer-based health insurance. The issues involved and the expected effects of these proposals are discussed. In addition, the results of a survey to ascertain whether any States were initiating changes in tax incentives for health insurance are presented. A total of 36 notes and about 60 references are included. *Author abstract.*

408 *Protective Services Risk Assessment: A New Approach to Screening Adult Clients.*
Sol Daiches

408

New York City Human Resources Administration. Project Focus. Office of Human Development Services, Washington, DC. Office of Policy Development.
Feb 83, 15p
SHR-0010282 Available from Project focus, Human Resources Administration, FAS Bureau of Management Systems, Room 9438, 60 Hudson Street, 9th floor, New York NY 10013.

This paper introduces a new instrument to assess potential adult protective service clients' levels of risk and needs for protection. The Protective Services Risk Assessment Instrument can be used by social workers in screening and referral. It helps the worker assess endangering conditions, looks at the availability and adequacy of clients' social resources, and assesses the client's need for protective intervention. The assessment form asks the screener to record all aspects of each risk factor and to summarize the degree to which the risks indentified represent an immediate life threat, a significant life threat, a potential life threat, or no life threat. The risk factors are neglect, abuse, self-endangering behaviors, environmental hazards, intellectual impairments, and exploitation. There is also a section on the form for action taken on the client's behalf. The article also discusses approaches toward assessing the instrument and provides examples of how to complete each section of the instrument. The risk instrument is appended.

409 *Public-Private Partnership: An Opportunity for Urban Communities.* Committee for Economic Development, New York Research and Policy Committee.
Ford Foundation, New York.
Charles F. Kettering Foundation, Dayton, OH.
Rockefeller Foundation, New York.
Feb 82, 106p
SHR-0010301 Available from Committee for Economic Development, 1700 K Street NW, Washington, DC 20006.

This report discusses how the public and private sectors in urban communities can work together in practical ways to improve their communities. Local governments will have to define their role and manage their operations in new ways, and the private sector will have to determine what it realistically can contribute. Public-private partnership has two dimensions: the policy dimension, in which a community's goals are articulated, and the operation dimension, in which these goals are pursued. The policy dimension involves a process that produces consensus on community goals, agreement on institutional roles, and sustained support for action. In the operational dimension, cooperation can take three general forms: private initiative for public benefit, government initiative to encourage private organizations. The local economy, neighborhoods, and community services are three areas of urban life that could benefit from and may need partnership efforts. Business involvement, as well as Federal and State encouragement, are essential to successful partnerships. Examples of successful partnerships are included. Footnotes are provided.

410 *Public-Private Partnership in American Cities: Seven Case Studies.* R. Scott Fosler, and Renee A. Berger Committee for Economic Development, New York.
Ford Foundation, New York.
Charles F. Kettering Foundation, Dayton, OH.
Rockefeller Foundation, New York.
Coca-Cola Co., Atlanta, GA.
Dallas Citizens Council, TX.
1982, 363p
SHR-0010164 Available from Committee for Economic Development, 477 Madison Avenue, New York, NY 10022.

The seven case studies demonstrate that although certain factors such as city age, size, economic base, and population mix influence a city's capacity to solve problems, local initiative supported by a strong civic foundation can enable a community to mobilize its public and private resources to improve community conditions. The Committee for Economic Development selected Pittsburgh, Baltimore, Chicago, Minneapolis-St. Paul, Dallas, Atlanta, and Portland, Oreg., for analysis based on several factors. These included tangible accomplishment clearly requiring more than the normal degree of public-private interaction; a city's reputation among the national business community, public officials, scholars, and the media; endurance or sustained effort over a long period; and diversity of experience. The common research framework applied to each city stressed process, and three or four projects were selected in each city to examine the process and its content. These projects included efforts to improve the economy, quality of life, or community organization of the city. Separate chapters discuss Pittsburgh's Renaissance I and II periods and the Allegheny Conference on Community Development, Baltimore's Greater Baltimore Committee and the Committee for Downtown, the Chicago Central Area Committee, and the Downtown Council of Minneapolis and the Lowertown Redevelopment Corporation of St. Paul. Other chapters focus on the Dallas Citizens Council and the Goals-for-Dallas program, the Atlanta Chamber of Commerce and the Central Atlanta Progress, and the unique role of neighborhood associations in revitalizing Portland, Oreg. Study data, figures, chapter notes, and an index are provided.

411 *Public Purchase of Voluntary Agency Services: Assessing the Impact on Social Service Delivery.*
Margaret Gibelman
May 81, 294p
SHR-0010267 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study focuses on the extent to which the redistribution of service dollars under the Title XX amendments to the Social Security Act is reflected in a more equitable pattern of service provision to the poor, specifically in relation to child protective services. New Jersey was selected as the case study State. Interviews were conducted with direct service workers to two contracted voluntary agencies and a district office of the State youth and family services agency. Each of the 39 workers servicing the 120 sampled cases were asked a series of questions by means of a closed-ended data collection form. The data were then subject to statistical analyses. Concern that purchase of service may be perpetuating traditional patterns of service delivery, frequently described as a two-tier system, are unsubstantiated in this study. No significant differences were found in the normative social characteristics of clients served by public and voluntary agencies under contract, disclaiming notions of "creaming" by voluntary agencies. However, highly significant differences were found in the nature of services received by clients serviced by the two agency types; these differences were evident in both the range and intensity of services provided. Significant differences were also found in relation to the educational qualifications and conditions of employment of workers in the public and voluntary agencies. More individuals with Masters in Social Work are delivering a larger range of services on a more intensive basis in the voluntary agencies than in public agencies. Differences in caseload size also suggest a more "service rendering milieu" in the voluntary sector. Results indicate that voluntary agencies may be assuming added responsibility for providing services to disadvantaged clients, highlighting the benefits that can be derived from public-volunteer partnerships. Contracting can be an effective vehicle for enhancing the public sector's service delivery capability, especially to the poor. Data tables and over 100 references are supplied. Appendices include data collection instruments, organizational charts, and other study materials. *Author abstract*

411

modified. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare to Adelphi University, 1981.

412 *Quality Assurance: A Study of Patient Care Evaluation Programs in Acute Care Hospitals With Emphasis on Social Service Patient Care Evaluation.*
Lee Andrea Caulfield
Aug 80, 179p
SHR-0010071 Available from University Microfilms International, 300 N Zeeb Road, Ann Arbor, MI 48106.

This study determines the current state of the art of patient care evaluation studies as a quality assurance mechanism. It develops a multidisciplinary patient care evaluation study on the topic of discharge planning, which identifies and resolves problems in the delivery of quality patient care. Research methods included interviews with practitioners in the field, problem identification, and the development of a discharge planning program including a mechanism for ongoing monitoring, feedback, and evaluation to assure resolution of problems identified in the patient referral system. The mechanism is expected to increase communications between health care professionals, resulting in comprehensive care that improves the quality of patient care. About 50 references, interview questions, and other study materials are appended. *Author abstract modified. Submitted in partial fulfillment of the requirements for the degree of Master of Public Administration to California State University, Long Beach, 1980.*

413 *Reaching the Underserved: Mental Health Needs of Neglected Populations.*
Lonnie R. Snowden
1982, 303p
SHR-0010173 Available from Sage Publications Inc., PO Box 5024, Beverly Hills, CA 90210.

The volume's twelve chapters describe the underserved with respect to their problems and the interventions, settings, and policies that have been debated as solutions. A review of services to the aged notes that characteristics of the aged as well as society's expectations of the aged conspire to undermine effective mental health service delivery. Recommendations to rectify the neglect of childhood mental health problems are presented in the context of integrating such services within a unified care system. One chapter documents the lack of mental health services to residents of rural areas and observes that professionals using natural helpers and social structures enhances services in these areas. A discussion of the chronically mentally ill, now living outside institutions, shows how they have become a new unserved population, due to poor planning and inadequate funding. Underserved ethnic groups are considered, including Hispanics, American Indians and Alaska Native communities, blacks, and Asian and Pacific Americans. The final four chapters suggest promising directions for effective service delivery that cut across boundaries of underserved populations. Included in this section are discussions on recent developments in psychotherapy, service system models for ethnic minorities, indigenous paraprofessionals in mental health, and processes of recognizing a need and using both informal and formal health resources. Data tables and chapter references are provided. *Sage Annual Reviews of Community Mental Health, Volume 3.*

414 *Reforming Human Services: Change Through Participation.*
Hans Toch, and J. Douglas Grant
National Inst. of Mental Health, Rockville, MD. Center for Studies in Crime and Delinquency.
National Inst. of Corrections, Washington, DC.
1982, 272p
SHR-0010315 Available from Sage Publications, 275 South Beverly Drive, Beverly Hills, CA 90212.

This book applies the principles in the industrial literature on humanizing programs to the humanizing of service organizations, translating these guiding principles into rules to modify staff-agency relationships. It reviews the scope of the work problem, touching on alienation and burnout in the work force. It offers the notions of "job enrichment" and "quality of work life" as means to humanize client services. The authors note that frontline staff participation in decisions affecting them is the core element of any quality-of-work model and is compatible with job enrichment. Fromme's writings provide a historical and contemporary perspective on this notion of participation. Participation can only succeed if there is quality control in the form of research, incentives in the form of feedback, and bridging to the work setting. The report outlines a strategy involving alienated workers in job enrichment and cites examples of these strategies in the criminal justice field. Over 100 references and a few notes are supplied. *Sage Library of Social Research, volume 142.*

415 *Rehabilitation of Clients With Specific Learning Disabilities.*
Carol E. Cato
National Inst. of Handicapped Research, Washington, DC.
Jun 82, 91p
SHR-0010193 Available from Publication Department, Arkansas Rehabilitation Research and Training Center, PO Box 1358, Hot Springs, AR 71901. Publication No. 1188.

This document provides basic information and guidelines to State agencies for implementing meaningful services to Specific Learning Disabilities (SLD) clients, i.e., individuals with a disorder in one or more of the central nervous system's processes involving perceiving, understanding, or using concepts through verbal or nonverbal means. The report reviews historical and philosophical perspectives on SLD, describes the SLD population, and delineates administrative issues related to vocational programming for SLD individuals. The case process is delineated from referral and screening of SLD clients through diagnosis and assessment, eligibility and severity, and program planning for individual clients to job placement and followup. The discussion concludes with suggestions for the utilization of the document by rehabilitation trainers. Appendices contain disabilities checklists, a learning disabilities history form, Pennsylvania Vocational Rehabilitation Guidelines for Serving SLD, a list of information sources, and use of neuropsychological information. A total of 61 references are given. *Ninth Institute on Rehabilitation Issues, June 1-3, 1982, St. Louis, Mo. Prepared by a Study Group of the Institute on Rehabilitation Issues.*

416 *Resident Decision-Making in Homes for the Aging: A Technical Assistance Manual.*
Ann Trueblood Raper
American Association of Homes for the Aging, Washington, DC.
Administration on Aging, Washington, DC.
1982, 88p
SHR-0010151 Available from American Association of Homes for the Aging, 1050 17th Street NW, Suite 770, Washington, DC 20036.

This monograph provides technical assistance for promoting resident involvement in decisionmaking in homes for the aging. It is the product of research that examined data from 1,350 homes, surveyed 600 homes, and visited about 20 institutions interviewing administrators, staff, and residents regarding the characteristics and extent of resident participation in governance. The research also assessed the current level of involvement in resident participation and information needs of nursing home ombudsmen at State and local levels. The manual describes different types of resident decisionmaking groups, discusses various fac-

tors which should be considered when choosing the type of group to establish, and presents the steps necessary for starting a decisionmaking group. In addition, it offers background and suggestions for solutions to common problems or obstacles that hinder the decisionmaking process and presents the cost and benefit effects of resident decisionmaking upon administrators, boards of directors, and residents. An overview of resident democracy in other countries is also given. Charts, tabular data, and resources for further information are provided. Appendices contain sample staff training materials.

417 *Responses to Battered Women: Problems and Strategies.*
Alan McEvoy, Jeff B. Brookings, and Clifford E. Brown
1982, 5p
SHR-0010272 Pub. in Social Casework v64 n2 p92-96 Feb 83.

A survey, interviews, and analysis of the documents of an agency serving battered women examined the agency's organizational effectiveness, with emphasis on the issues of staff burnout, public awareness, and interagency communication and referral. The project's staff had a uniformly high level of commitment to the organization and its ideological goals. However, staff members also felt that they did not have enough time and resources to accomplish all of the organization's goals and that staff training was deficient in several crucial areas. These views create the possibility of staff burnout. Like many new service organizations, the project has experienced problems in the area of interagency coordination and communication. Other agencies were familiar with the project's major services but were unfamiliar with the staff or ancillary services. Other agencies also perceived the project as having a particular political perspective. Agencies serving battered women need to focus on staff training and provide opportunities for staff to socialize informally to offset the stress that may accompany a heavy workload. A public information campaign aimed toward groups most likely to need help should also be established. Projects should establish a legal aide position to counsel women as to legal options and to keep informed about new legislation and court rulings. Agencies serving battered women should also be sensitive to the implications of being perceived as feminist organizations and should try to clarify to others the meaning of feminism in a service context. Organizations serving battered women can effectively provide service if they remain attentive to the problems of staff burnout, public awareness, and interagency communication. Footnotes are provided.

418 *Risk Assessment: A Guide for Adult Protective Service Workers.*
Sol Daiches
New York City Human Resources Administration. Project Focus.
Office of Human Development, Washington, DC. Office of Policy Development.
Jan 83, 88p
SHR-0010283 Available from Project Focus, Human Resources Administration, FAS Bureau of Management Systems, Room 9438, 60 Hudson Street, 9th floor, New York NY 10013.

This article reviews instruments used to assess adult protective service clients' levels of risk and needs for protection. Assessment instruments must be easy to administer and flexible in their modes of gathering information, as well as valid and reliable. The major risk assessment tools can be grouped into six categories: measures of physical health, of psychological health, of daily functioning, of social supports, and of abuse: and multidimensional measures. These are evaluated according to several criteria – relevance to adult protective services; whether the tools could be used for screening, evaluation, or monitoring; whether their scores could be used for decisionmaking and ease of ad-

ministration; and whether instruments had been proven valid and reliable. No single instrument satisfies all of these requirements, but several can be used separately, or in combination to meet most assessment needs of adult protective service providers. Sample evaluation forms and questionnaires, study data, and about 40 references are supplied.

419 *School-Age Child Care: An Action Manual.*
Ruth Kramer Baden, Andrea Genser, James A. Levine, and Michelle Seligson
Wellesley Coll., MA. School-Age Child Care Project.
National Inst. of Education, Washington, DC.
Carnegie Corp. of New York.
Ford Foundation, New York.
General Mills Foundation, Minneapolis, MN.
Levi Strauss Foundation, San Francisco, CA.
1982, 486p
SHR-0010131 Available from Auburn House Publishing Company, 131 Clarendon Street, Boston, MA 02116.

Describing a variety of models, this book offers practical suggestions for developing after-school child care programs. The need for this service is already immense and can only increase. Approaches described lend themselves to the perspectives of various program initiators who may perceive the need for child care services. They may be parents faced with a personal necessity, principals whose facilities attract unsupervised children before and after classes, recreational organizers whose programs are burdened with children in need of supervision, or school board members considering the community's service options. The emphasis is on programs coordinated with school facilities, since these provide a familiar setting available after classes at little expense. Furthermore, schools may benefit from additional utilization to compensate for decreasing enrollment. Another form of day care described is service provision in a system of family homes. Advantages and disadvantages of the program types are identified. The step-by-step program development procedure begins with a needs assessment, followed by program planning and implementation. Legal issues concerning nonprofit incorporation and licensing are addressed. Program management is discussed in terms of policy setting, administration, personnel, budgeting, resource development, financial management, publicity and enrollment, and program regulation. A description of day-to-day program operations concludes the presentation. Tabular data, illustrations, and an index are given. Supplementary materials are appended.

420 *School Social Work and the Handicapped: Assessment and Training.*
Linda Leek Openshaw
Aug 81, 239p
SHR-0010268 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

The study surveyed school social workers in the Salt Lake City, Utah, and Denver, Colo., areas to determine the extent of their involvement with the handicapped and the degree to which their training has prepared them to aid handicapped students. Almost all the respondents had received training from their school districts to help them improve their service to the handicapped. However, social workers identified a need for additional training in the following areas: (1) an explanation of the provisions and requirements of Section 504 of the Vocational Rehabilitation Act, (2) training on how to diagnose and work with behaviorally handicapped and learning disabled students, and (3) clarification of the type of student qualifying as a special needs student in special education programs. Social workers also need more infor-

mation on requirements regarding testing and placement of minority students, on the current job market for clients, on legal requirements, and on the school social work role in relation to public law (the Education of All Handicapped Children Act of 1975). These training needs were incorporated in an inservice training workshop presented to social workers at three Salt Lake area school districts. Feedback indicates that the training was successful. School social workers need continuing training that is detailed and specifically tied to their problems in working with handicapped students. About 50 references, workshop and evaluation materials, study data, and the survey instruments are included. *Author abstract modified. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Work to the University of Utah, 1981.*

421 *Senior Citizens and the Law.*
Center for Public Representation, Madison, WI.
Pillsbury Co., Minneapolis, MN. Community Relations Dept.
Wisconsin Bureau of Aging, Madison. Div. of Community Services.
Jun 82, 112p
SHR-0010261 Available from Center for Public Representation, 520 University Avenue, Madison, WI 53703.

This handbook is designed to help Wisconsin's elderly handle common legal problems, such as what to do about a Medicare denial of coverage and how to protect against crime. It is also a guide to available resources for the elderly. The handbook explains the Social Security and Supplemental Security Income systems in terms of eligibility requirements and application procedures. Coverage from Medicare, Medicaid, and private insurance is described as well as ways to finance care outside of an institution. The booklet explains how nursing homes are licensed and classified, methods of paying nursing home costs, and residents' rights and complaint procedures. It also presents practical information on guardianship; protective services and placement; payeeship; power of attorney; and the availability of housing rehabilitation, repair, and assistance, especially for "weatherizing." Federal and State income tax exemptions and credits for the elderly, age discrimination issues, and consumer protection and credit concerns are covered. The handbook explains the procedures for transfer of property upon death and discusses legal fees and services. Appendices list sources of information for the elderly, including government complaint-handling services and group advocacy and rights-protecting organizations.

422 *Service Integration: The Impacts of a Comprehensive Continuum of Services for the Frail Elderly on the Quality and Cost of Long-Term Care.*
Cathleen Lorene Yordi
19 Jun 82, 208p
SHR-0010268 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

The study assesses the impact of a long-term care model for functionally impaired elderly. The model consolidates a range of inpatient, community-based, and in-home services into a single health program designed to meet the medical, social, and environmental needs of a frail, elderly population. The research takes place at On Lok Senior Health Services' Community Care Organization for Dependent Adults (CCODA) located in the San Francisco, Calif., area. Study findings attest to the benefits and cost effectiveness of a comprehensive continuum of long-term care. The CCODA program demonstrated that the model can reduce the number of days of acute hospital and nursing home care, decrease inappropriate placement of frail elderly in skilled nursing facilities, and increase access to and use a broad range of community-based and in-home services. The model can also reduce the cost of long-term

care services and increase the functional independence of the frail elderly population. Suggestions for further research and policy implications of these findings are provided. Study data, footnotes, and about 100 references are supplied. Appendices include study forms and data collection/assessment instruments, along with cost and utilization data. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare to the University of California, Berkeley, 1982.*

423 *Serving and Surviving as a Human-Service Worker.*
J. Robert Russo
1980, 168p
SHR-0010172 Available from Brooks/Cole Publishing Co., A Division of Wadsworth Inc., 10 Davis Drive, Belmont, CA 94002.

This text provides a coping perspective for human service workers, who often develop feelings of frustration and failure. The volume discusses the experience of joining a human service organization with high expectations, and reviews the history of such services in our society. It discusses clients and how a new employee reacts to the apparently callous relations other staff persons exhibit towards them. One chapter analyzes the organizational structure of human service agencies, while another makes suggestions for accommodation and adjustment for various types of human service workers – teachers, social workers, nurses, police officers, and volunteer staff members. Relationships with other agencies are also addressed. Additional subjects mentioned are ways to make some organizational changes and staff interrelationships. An index is provided. Individual chapters contain summaries, discussion questions, and references.

424 *Setting Priorities: Community Perceptions of Needed Services.*
Harry J. Berman, and John Poertner
Sangamon State Univ., Springfield, IL. Center for Community and Regional Studies.
United Way of Decatur and Macon County, IL.
Feb 83, 80p
SHR-0010286 Available from Sangamon State University. The Center for Community and Regional Studies, Springfield IL 62708.

This report provides information to assist in decisionmaking about the funding of services by the United Way of Decatur and Macon Counties, Ill. It is based on a survey of community opinions regarding the need for various services. Questionnaires were mailed in October and November 1982 to 257 professionals and 218 randomly selected community residents. A total of 309 questionnaires were returned. Responses indicated a high degree of agreement between both respondent groups. Services rated especially high in need were counseling for families with problems, help for neglected children, help for delinquents, food service for the poor, Christmas clothing/food/toys for poor people, home delivered meals for those in need, home health and nursing service, and medical services for people who cannot reach a doctor. Differences of emphasis between the two groups of respondents were evidenced: professionals emphasized the need for improving social functioning (e.g., through family counseling), while residents emphasized the need for improving health. Respondents identified the types of services United Way should fund: helping people with handicaps, transportation assistance, family life, health and safety education, help with family problems, and providing information on community services and programs. One-third of the community residents surveyed reported having had financial difficulties in the 6 months preceding the survey; one-fourth had experienced a serious emotional problem; one-fifth had had a theft. Tabular data are given.

425 *Severely Handicapped/Hearing Impaired Students: Strengthening Service Delivery.*
Bob Campbell, and Victor Baldwin
1982, 265p
SHR-0010290 Available from Brookes Publishing Co., PO Box 10624, Baltimore, MD 21204.

This book informs educators, especially administrators, about some of the issues they should consider as they weigh alternatives in providing services for severely handicapped hearing impaired children, who in past years have often been overlooked or inappropriately treated in their educational programs. The discussion draws attention to the unique difficulties suffered by children who, in addition to some more apparent handicap, also have a hearing loss, and offers encouragement to those who have thought it almost hopeless to try to educate such multiply handicapped children. It is based on the experiences of researchers and teachers from different model programs who have not only provided services for severely handicapped/hearing impaired children but have also trained others to provide services. The presentations deal with administrative program development; assessment issues, both cognitive and medical; and curriculum implementation. Individual chapters, written by experts in the fields of deaf education, mental retardation, and speech and hearing, provide specific strategies ranging from amplification monitoring in the classroom to training parents to carry on intervention programs at home. Specifically discussed are preschool intervention programs, cognitive assessment instruments, medical issues involved in the management of multiply handicapped children, programming in residential school living environments, and inservice training and administrative commitment. Individual chapters contain illustrations, tabular data, and references. *Contains papers that were originally prepared for the National Demonstration and Training Consortium's Conference held in St. Louis, Mo., in March 1980.*

426 *Shared Living for Elders: A Viable Alternative.*
Mary Ann Wilner, and Janet L. Witkin
1980, 7p
SHR-0010300 Pub. in Challenge v11 n9 p5-11 Sep 80.

This article describes local community programs in Boston, Mass., Los Angeles, Calif., and Hawaii that have developed shared housing programs for elderly residents who have no serious medical problems but are living alone with few supports. The Back Bay Aging Concerns Committee in Boston obtained funds from public and private sources to buy an old building near public transportation that had an existing rooming house license. Residents initially were fearful of the project, but chose the shared living arrangement because it seemed slightly better than other available options. Each resident must share one task that is within his or her capabilities, attend one group dinner per week, and attend weekly house meetings where all decisions are made. The Jewish community is developing a similar project in Los Angeles' Beverly-Fairfax area. The Alternative Living for the Aged hopes to help senior citizens who were living alone or in boarding houses remain independent and active through household responsibilities and interacting with other residents. Another Los Angeles program, Housing Alternatives for Seniors, matches elderly persons to live together in existing housing. In Hawaii, the Small Group Homes for Older Adults operates five houses which each accommodate three to five persons over 50 years of age. The program attempts to match individuals in a particular house so there is a diversity of physical and emotional strengths. Shared living does not require large capital outlays, but many projects have encountered difficulties in obtaining Federal funds. Moreover, residents often have had their SSI payments reduced and eligibility for food stamps and rent subsidies denied. Policy changes should remove these barriers to shared living alternatives for the elderly.

427 *Social Dimension of Family Treatment.*
Danuta Mostwin
1980, 245p
SHR-0010122 Available from National Association of Social Workers, 7981 Eastern Avenue, Silver Spring, MD 20920.

This book introduces the Short-Term Multidimensional Family Intervention (STMFI) approach being practiced by the Family Study Center at Spring Grove Hospital in Catonsville, Md. The STMFI is a model of family therapy that has proved especially workable with families in crisis who have preadolescent and adolescent children. The model treats the total family as the therapeutic unit and is based on symbolic interactionism. Important theoretical concepts of the model are family life space, the evolutionary process of hominization by which modification of a pathological state is achieved, and the importance of the cultural (ethnic) dimension in family dynamics. The approach is basically ecological, viewing a person as one biosocioculturel unit in the environment. The first part of the volume explains the theoretical framework of the model and its teamwork procedures and techniques. The second covers its application, presenting edited records of different parts of the treatment process and illustrative case examples. Charts, chapter references, and a glossary are provided. Appended is a survey of teaching and research on the family with a bibliography of over 150 items.

428 *Social Policies and Programs on Aging: What Is and What Should Be in the Later Years.*
Louis Lowy
1980, 267p
SHR-0010226 Available from Lexington Books, D.C. Health and Company, 125 Spring Street, Lexington, MA 02173.

The central theme of this book is the concept of human needs interfaced with their particular manifestations among older people. It uses Maslow's formulation of a needs hierarchy from biological, psychological, social and cultural, to spiritual conditions that human beings strive to gratify successively. After delineating particular human needs areas and sketching existing policies (most of them in the public arena), a description of present programs, services, and benefits follows, including an enumeration of major policy issues and operations for change. A demographic profile of the aging population is given and the emergence of Government attention to policy development on aging is traced. Content and implications of the Social Security Act and the Older Americans Act are analyzed. Other chapters explore the major income policies and programs (social security and pension plans), health programs and services (financing mechanisms of Medicare and Medicaid, long-term care, nursing homes, the hospice movement), and housing policies (housing laws and available living arrangement options). The discussion covers formal social and support services as well as informal networks and elucidates the emergence of advocacy services. The last chapter summarizes present trends and attempts to carve out policy and program directions for the future. Tabular data and chapter notes are provided. Appendices relate to the organizational structure of Federal programs on aging. An index and a bibliography of about 200 entries are given. *Boston University Series in Gerontology.*

429 *Social Work Consultation for Small Hospitals.*
Sylvia Ridlen Wenston
1982, 12p
SHR-0010270 Pub. in Social Work in Health Care v8 n1 p15-26 Fall 1982.

A social work consultation program can be designed to upgrade health care in small hospitals lacking social service departments or person-

nel. In Wyoming, where resources are scarce and values work against social service programs, a social work consulting program can increase the quality and availability of health care services to many people. Indirect services may be more effective in that they are more feasible, more acceptable, and have an impact on more people than one direct service worker. The author set up such a program in small hospitals in Wyoming after site visits and numerous meetings with hospital administrators and staff. She devoted much effort to improving nursing staff's general awareness of patients' nonphysical concerns and needs. She also encouraged hospital-community agency communication. At the program's end, all hospitals had written policies and procedures; one person was recognized hospitalwide as being the contact for assistance in discharge planning, locating resources, and making referrals. Most participating hospital administrators viewed the program favorably. A sample social service agreement and five references are included.

430 *Social Work in Hospitals.*
Bascom W. Ratliff, Elizabeth M. Timberlake, and David P. Jentsch
1982, 119p
SHR-0010210 Available from Charles C. Thomas Publishers, 2600 South First Street, Springfield, IL 62717.

This collaborative effort of an administrator, a clinician, and an educator provides students and novices with a practical guide to social work in hospitals. Following an overview, chapters focus on the roles of the social worker as administrator, educator, and hospital team member. The specifics of social work on medical and surgical wards and in pediatrics and psychiatry are thoroughly addressed, as are specialty services, planning, and research. Reference notes and an index are provided. *Author abstract modified.*

431 *Status of State Legislation and Research on Health Insurance Coverage for Alcoholism Treatment.*
William Butynski
Science Management Corp., Washington, DC.
National Inst. on Alcohol Abuse and Alcoholism, Rockville, MD.
1982, 111p
SHR-0010298 Available from National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville MD 20852.

This report analyzes State statutes related to health insurance coverage of alcoholism treatment services and discusses issues involved in implementing legislation for mandatory insurance coverage of such services. Sources of information included a telephone survey of persons representing alcoholism service, insurance, and legislative interests in 50 States and on-site case studies in 8 States. A summary of the status of State legislation as of September 1981 notes that 33 States have enacted laws mandating or requiring insurers to offer health insurance benefit for alcoholism treatment. The summary of the 1980 National Drug and Alcoholism Treatment Utilization Survey emphasizes that States with mandatory laws provide far better coverage for alcoholism treatment than those with required option laws or no statutes. In addition, facilities which receive health insurance reimbursements for alcoholism treatment tend to be much less involved and dependent on government monies than programs with no private insurer payments. Arguments for and against mandatory coverage are presented, with attention to the trend of large employers and unions to move toward self-insurance. The report also examines litigation in Hawaii and Minnesota challenging provisions in their mandatory laws relating to self-insurance and extraterritoriality, as well as the availability of benefits in States without mandatory statutes. The final chapter focuses on problems in developing and implementing

mandatory insurance laws, the model law developed by the National Association of Insurance Commissioners, and four draft legislative alternatives. Tables and references are provided.

432 *Strategic Planning: An Approach to Launching New Initiatives in an Era of Retrenchment.*
William R. Dodge, and Douglas Eadie
Sep 82, 13p
SHR-0010347 Available from Management Information Service, 1120 G Street NW, Washington, DC 20005.

Local governments can use strategic planning to invest in new initiatives that can help generate new revenues, redirect existing expenditures, and otherwise improve the quality of services and community life. Strategic planning complements traditional planning and budgeting processes that tend to focus primarily on improving the efficiency and effectiveness of existing services. It is not a panacea or the latest decisionmaking fad. It can help local governments find the few opportunities for growth and development existing in an era marked by massive retrenchment. Strategic planning can be introduced incrementally in specific areas, making the process applicable to any size community with reasonable budgeting and accounting systems. It is a process designed specifically for managers and senior officials, requiring their personal involvement and commitment. The report introduces the major elements of strategic planning, describes how it can be tailored to local government, and gives practical guidance in implementing strategic planning efforts. Several case studies illustrate the application of strategic planning. Endnotes are appended. *Author abstract modified. "Management Information Service Report" v14 n9 Sep 82 (complete issue).*

433 *Strategies for Controlling Health Costs.*
Institute for Health Planning, Madison, WI.
Health Resources Administration, Hyattsville, MD.
Nov 82, 28p
SHR-0010119 Available from The Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

This document describes two broad approaches to controlling health care costs: substituting external controls for absent market forces and improving the market's functioning. The paper describes the characteristics of a market economy, such as financially responsible consumers and entry/exit freedom, and then demonstrates how they are absent in health care. It outlines cost containment strategies which advocate external controls on the following factors: number, type, and location of suppliers; quantity and price of services provided; and total expenditures. Examples of each approach are detailed, such as certificates of need, utilization reviews, and fee schedules. The paper then addresses options that try to improve the market's characteristics so that it functions more effectively without external controls: improving consumer information; improving cost-consciousness incentives for consumers, providers, and insurers; and increasing the ability of competitors to enter the market. Examples include limiting the amount of employer contributions to health insurance plans, excluding treatments of uncertain value from insurance coverage, supporting the development of alternative delivery plans, and enforcing antitrust laws. A conclusion suggests that a mixed strategy with regional variation will prove more practical and acceptable than a single solution from one viewpoint. It also comments that the arena for cost containment efforts has moved to the State level. Tables and references are provided.

434 *Strengthening Informal Supports for the Aging: Theory, Practice, and Policy Implications.*
Margorie Cantor, Sheila Kamerman, and Hope Leichter

434

Community Service Society of New York. Natural Supports Program. Louise L. Schwarz Fund for Services to the Elderly, New York.
1981, 59p
SHR-0010326 Available from The Community Service Society, Office of Information, 105 East 22nd Street, New York, NY 10010.

Seven papers discuss the theory, practice, and policy implications of strengthening informal supports for the aging. One study finds that being part of an extended family culture has positive effects on the parent-child relationship. However, in New York City, the data show no difference between black and white elderly concerning the frequency of seeing and phoning children, the amount of help received from children, or feelings of closeness with children. Another paper argues that recent developments point to the need for the United States to adopt a family policy perspective in thinking about the aged. Also discussed are family networks and social intervention and the importance of viewing a situation through multiple perspectives, a service model to strengthen families' care for their older relatives (the Natural Supports Program), and components of community-based group programs for family caregivers of the aging. Social policy implications of strengthening the family as an informal support for the aged are analyzed; the magnitude of the problems involved in caring for the disabled elderly in the community suggests that public policy must incorporate long-term home care services as an entitlement for the chronically disabled aged. The final paper describes self-help groups for caregivers of the aged. Most papers contain footnotes, tables, and references.

435 *Study of the Effects of Parent Education and Training on Self-Assessed Parental Attitudes.*
Kyle L. Pehrson
1980, 239p
SHR-0010094 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

This study evaluated the impact of participation in the Church of Jesus Christ of Latter-Day Saints (LDS) parent education course on parents' perceptions of themselves as being more confident, insightful into causes of children's behavior, accepting, understanding, trusting, and aware of differences between real and ideal parenting skills. The 129 subjects were drawn from 6 different parent education courses taught between October 1979 and February 1980 in the Washington, D.C., metropolitan area. Each completed a Parent Attitude Survey, a Parent's Report, and a demographic questionnaire. Participants were divided into 4 groups: 28 LDS parents completing the course who were both pretested and posttested, a matched control group of 36 LDS parents who did not receive the training, a group of 32 LDS parents who took the course but were only posttested, and 33 non-LDS parents who completed a parent education course offered by the Montgomery County School District (Maryland). All subjects were predominantly highly educated, middle-class Caucasians. Test results revealed that LDS parents participating in the course reported significantly more movement in a positive direction on the variables of acceptance and understanding. No significant differences between the two groups on the confidence, causation, and trust variables were discovered. LDS parents who took the course reported a significantly greater decrease in the differences between real and ideal parenting skills than nonparticipating LDS parents. There were no statistically significant differences in parental attitude between LDS and non-LDS parents participating in parent education. The paper discusses the applications of these findings to psychosocial theory and a social work model of parent education in family intervention. Survey instruments, tables, and

references are appended. *Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Work to Catholic University of America, 1980. Catholic University of America Studies in Social Work, no. 144.*

436 *Studying Policy Implementation: A Conceptual Framework.*
Anne L. Schneider
Institute of Policy Analysis, Eugene, OR.
National Inst. of Juvenile Justice and Delinquency Prevention, Washington, DC.
1982, 16p
SHR-0010148 Pub. in Evaluation Review v6 n6 p715-730 Dec 82.

In the context of changing public funding in many social programs, this article assesses current problems facing outcome evaluation as conceptualized in legislation, as practiced at the agency level and from a systems perspective. It points out that while research and evaluation are clearly interdependent functions, they operate with differing value, resource, and reward systems when program outcome performance is assessed. A new balance of effort is advocated between the prospective validation of social welfare programs (research) and retrospective program analysis (evaluation). It is contended that the fundamental conceptions of how human service programs operate still need to be strengthened, before such programs are widely implemented and significant resources are spent on evaluating them. Footnotes and 20 references are given. *Author abstract modified.*

437 *Supervision in Home Care: A Training Guide for Instructors.*
Patricia A. Gilroy
National Home Caring Council, Inc., New York.
Administration on Aging, Washington, DC. National Continuing Education Program.
1982, 177p
SHR-0010229 Available from National Homecaring Council, 67 Irving Place, New York, NY 10003.

This home care guide is designed as a resource for the trainer to assist in effective supervisory training program development, use of the curriculum found in the basic manual ("Supervision in Home Care"), and presentation of the materials, exercises, and aids. It parallels the basic manual. The guide discusses the history of home care services and profiles persons in need of care (chronically impaired, persons at risk). It describes the skills needed by and roles and responsibilities of the home care supervisor, focusing on communication, leadership, problem solving, and time and stress management functions and techniques. The guide offers a functional approach to home care supervision and describes case and service management duties. Units in each section include a bibliography and resource list. Sample exercises, planning guides, and other program materials are included. An appendix provides some background on adult learning, program design, training logistics, and evaluation for trainers less familiar with experimental learning. *See also related document, SHR-0010228.*

438 *Systems Approach to Primary Prevention.*
Grace A. Boys
Feb 80, 29p
SHR-0010203 Available from University of Portland, Office of Psychology and Social Sciences, 5000 North Willamette Blvd., Portland, OR 97203. Attn: Grace A. Boys.

Cassel suggests that rather than finding and treating sick individuals, planners should be identifying individuals and groups at high risk by virtue of their "lack of fit" with the social

milieu and then determine the particular nature and form of social supports that can and should be strengthened. General Systems Theory (GST) provides a useful tool for exploring primary prevention interventions. Although Von Bertalanffy, a biologist, first described the GST in the early 1950's, it has been only within the last 10 years that the theory has taken root within the social work profession. Prevention under GST focuses on both developing within individuals and communities problem solving skills to achieve successful transactions with their environment and on environmental change to promote health and community well-being. In the cases illustrated in this article, prevention strategies focus on the coping behaviors of social systems and the impinging environment at the interface (the boundary region in which transactions occur). Four primary prevention interventions are described and analyzed: community relations employee workshops, social impact assessment, preventive mental health curriculum, and network of concern (information and referral linkages between neighborhood associations and natural helpers). The systems framework of GST can facilitate cooperative interaction within the Community Mental Health Center and its various programs, unifying the system's goal-seeking behavior for community well-being. It also provides a useful model for interorganizational activity. A total of 23 reference notes, study data, and intervention program material are included. *Presented at the annual meeting of the National Council of Community Mental Health Centers, Inc., San Francisco, Calif., February 21, 1980.*

439 *Target: Alcohol Abuse in the Hard-to-Reach Work Force. Ideas and Resources for Responding to Problems of the Hard-to-Reach Work Force.*
Informatics, Inc., Rockville, MD.
National Inst. on Alcohol Abuse and Alcoholism, Rockville, MD.
1982, 27p
SHR-0010194 Available from National Clearinghouse for Alcohol Information, PO Box 2345, Rockville, MD 20852.

This booklet addresses strategies for bringing occupational alcoholism services to the hard-to-reach workers – i.e., persons filling a broad range of jobs without ready access to alcoholism services or without direct supervisors, the central component of most employee alcoholism programs. Innovative approaches are needed to reach this employed population, which ranges from workers at remote locations to the self-employed and professionals. The programs described were selected for possible replication in settings with other hard-to-reach workers. The booklet describes the hard-to-reach worker and professional population and discusses the barriers to program provision for them. Among the possible program approaches are multiple in-house programs at various locations or service networks with an information and referral system for field employees that can be delivered by either a contractual service model or a company controlled model. Suggestions are also made for union-sponsored programs for the hard-to-reach. Specific target occupations and professions for whom outreach is necessary include merchant seamen, airline pilots, construction industry workers, lawyers, and physicians. The stress factors characteristic of their working conditions are discussed in these groups. A list of relevant organizations and a glossary are given. The reference list contains 51 items.

440 *Teamwork in Programs for Children and Youth: A Handbook for Administrators.*
Howard G. Garner
1982, 141p
SHR-0010182 Available from Charles C. Thomas Publishers, 2600 South First Street, Springfield, IL 62717.

This handbook delineates an alternative to the departmental, hierarchical structure that often engenders interdisciplinary conflict among the various helping professions involved in programs for young people. The model advocated is that of a total team, which can be used to achieve optimum levels of communication, cooperation, and consistency among educators, social workers, psychologists, therapists, and medical professionals. Principal focus is on the administrator's key role in establishing the basic structure, delegating responsibility, and monitoring and supporting team functions. The interactions of administrators and teams are explored. Examples of research and practice demonstrate the foundations and experience of teamwork. The total team model is adaptable to most settings where human services are provided. Although emphasis is placed on teamwork in residential programs, examples are included of how the model might function in schools, social services, and hospitals as well. Charts, an index, and a 38-item bibliography are provided.

441 *Teamwork in the Personal Social Services and Health Care: British and American Perspectives.*
Susan Lonsdale, Adrian Webb, and Thomas L. Briggs
Syracuse Univ. School of Social Work, NY. Div. of Continuing Education and Manpower Development
Personal Social Services Council, London (England).
1980, 196p
SHR-0010188 Available from Syracuse University, School of Social Work, Monograph Series, Brockway Hall, Syracuse, NY 13210.

In considering the methods and achievements of teamwork in the social services, this book brings together certain trends and developments within the personal social services, between these services and health, and teamwork within the community itself. Papers include an analysis of eight research projects conducted on the use of the team approach in the United States, a review of teamwork in the United Kingdom based on an indepth study of 30 teams, and a discussion of obstacles preventing implementation of the team approach in both countries. Other articles deal with both the social services and health services, covering interprofessional teamwork, teamwork in primary health care, and team approaches across administrative boundaries. The consumer's role in this process as opposed to that of the professional is also highlighted. Most articles include references. A general index and an author index are provided. *Publisher's abstract modified. Manpower Monograph no. 14.*

442 *Thirteen Most Common Fund-Raising Mistakes and How To Avoid Them.*
Paul H. Schneiter, and Donald T. Nelson
1982, 95p
SHR-0010288 Available from The Taft Group, 5125 MacArthur Boulevard NY, Washington DC 20016.

This text takes an entertaining approach to providing tips for successful fundraising by citing common mishaps and pitfalls of fund-seekers and humorously illustrating what not to do. Among the mistakes it advises against are doing everything but asking, thinking that fund raising is for fundraisers only, plunging in with insufficient preparation, disregarding prospect research and recordkeeping, and forgetting to concentrate on individual prospects. Other errors include overlooking past donors; overemphasizing brochures, folders, pamphlets; failing to guide and cultivate volunteers; and promising too much in too short a time. Still other flaws to avoid are refusing to recognize factors beyond one's control, ignoring sophisticated tax-saving incentives, keeping too many secrets, and looking upon one's work as a job rather than a cause. Cartoon drawings, footnotes, and an index are provided.

443 *Three-in-One House: A Guide to Organizing and Operating a House for Three Older Persons.*
Lorraine Hanaway
Home Care Research, Inc., Frederick, MD.
William G. Baker, Jr., Memorial Fund, Baltimore, MD.
1981, 46p
SHR-0010191 Available from Home Care Research, Inc., 30 East Patrick Street, Frederick, MD 21701.

The Three-in-One House, sometimes called a small group home, is a viable living arrangement for many older people who cannot live alone but who do not need medical and nursing care in an institution. It is a residence for three persons, operated by a sponsor (public, private, nonprofit, or proprietary). Each resident has a private bedroom but shares the rest of the house. The sponsor provides all services, including shopping, meals, housekeeping, laundry, transportation, and yard care. Residents pay only the sponsor. Residents do not require 24-hour care, but may have some physical or mental handicap. The functions of the sponsor range from policymaking and planning to coordinating the daily needs of the house and staff. The guide delineates policy issues, financial requirements, initial steps in setting up a house, daily operation of the house, and special concerns and problems. Tables, photographs, and 21 references are provided. Job descriptions, agreements, and record forms are appended.

444 *Use of Group Services in Permanency Planning for Children.*
Sylvia Morris
1983, 109p
SHR-0010438 Available from The Haworth Press, 28 East 22 Street, New York, NY 10010.

The papers in this collection focus on the benefits of group work for both clients and staff in child placement services, particularly in achieving permanency planning. One paper examines the use of group work with natural parents whose children are in foster homes. The author notes that while group sessions may not be used long enough to effect observable changes or by parents in the lower income strata, they do decrease parent isolation and increase self-esteem while improving staff attitudes toward natural parents. The next paper addresses group services for parents who have very troubled youngsters in residential treatment, based on the experiences of Walker Home and School in Needham, Mass. Their program has promoted parent-to-parent socialization, involved parents in permanency planning efforts, and influenced the home's practices. Next considered is group treatment for unwed mothers who have surrendered their children for adoption. The article identifies major problems facing these clients and ways that group therapy can help them cope with a difficult life crisis. The final two papers shift to group processes used by agencies to promote permanency planning. The first describes the innovative Permanent Planning Project conducted by Portland State University in Oregon. This program involved a series of residency institutes to plan reforms. The institutes were attended by representatives from 10 States. Another author summarizes efforts of New York City's Office of Direct Child Care Services to reorganize its foster care and adoptions services to expedite permanency planning, using a staff planning group. References accompany each paper. The book also provides abstracts of the papers and reviews of four books and one videotape in the child welfare field. *"Social Work With Groups" v5 n4 Winter 1982 (Special issue).*

445 *Volunteering Is for Winners. A Guide for the Helper, the Program Manager, and the Organization.*
Robert A. Christenson
1982, 110p
SHR-0010422 Available from Great Plains Volunteer, PO Box 80821, Sioux Falls, SD 57116.

Practical suggestions on managing a volunteer program consider recruitment, screening, orientation and training, program maintenance, and legal concerns. A demographic profile notes that while the most typical American volunteer in 1974 was a married, white woman between age 25 and 44 with a college degree and in the upper income brackets, recent figures show that more men, younger adults, teenagers, and older persons are volunteering. The paper discusses reasons for volunteering based on Maslow's hierarchy of needs, where people volunteer, and the dollar value of the volunteer service hour. Recruitment guidelines emphasize that the recruiter must believe strongly in the cause and must design jobs for volunteers prior to recruitment. Specific recruitment techniques are detailed such as through brochures, presentations, and personal contacts. Nondirective interview techniques are outlined to help the interviewer assess a potential volunteer's skills. The author recommends using the organization's annual plan, or developing one, to orient the volunteer to the organization's mission. He also addresses training, burnout, volunteer rights, and volunteer recognition. The final chapters highlight various resources available to help maintain a healthy volunteer organization and review how the legal concepts of "pure volunteer" and "gratuitous employee" affect an organization's legal liabilities. The appendices contain materials on the Management by Objectives planning method, tax deductions for volunteers, surveys to evaluate volunteer programs, and over 100 references.

446 *Volunteerism in the Eighties: Fundamental Issues in Voluntary Action.*
John D. Harman
Joint Action in Community Service, Inc., Washington, DC.
Virginia Foundation for the Humanities and Public Policy, Blacksburg.
1982, 281p

SHR-0010312 Available from Joint Action in Community Service Inc., PO Box 1700, Washington, DC 20013.

These essays address issues relevant to volunteers, administrators, and others involved in a wide range of volunteer and volunteer-supporting organizations. One author identifies problems unique to the voluntary sector and another criticizes what he takes to be a flawed public appraisal of the relationship between altruism and volunteering. Other essays reflect on volunteers' legal and moral rights and the development of corporate support for volunteer efforts as a practical way for business to discharge its social responsibility. Other authors discuss the administration of volunteer organizations in terms of professionalization and from the management scientist's perspective. The relationship between government and the voluntary sector is another topic encompassing discussions of the volunteer's role in a democracy and funding concerns. One author views volunteerism as the main alternative to the secular statist approach to fulfilling social welfare responsibilities and one of the few possibilities for preserving distinctive American values in an era of intellectual and social crisis. Papers include references. A few illustrations are provided. *Contains essays and responses which grew out of a Conference on Philosophical Issues in Volunteerism held in November 1980 in Blacksburg, Va.*

447 *What Ever Happened to the Polio Patient. Proceedings of an International Symposium.*
Rehabilitation Inst. of Chicago, IL. Education and Training Center.
National Foundation-March of Dimes, Chicago, IL.
Easter Seals, Chicago, IL.
Children's Memorial Hospital, Chicago, IL.
Northwestern Univ. Medical School, Chicago, IL.
Lifecare Services, Inc., Boulder, CO.

447

1982, 303p
SHR-0010196 Available from Education and Training, Rehabilitation Institute of Chicago, 345 E. Superior Street, Chicago, IL 60611.

These conference proceedings concern the unmet needs of the disabled survivors of polio epidemics of the 1940's and the 1950's. Critically needed are knowledge about the effects of aging in polio survivors and adequate provision of services required by people who survive by the use of technical aids. Conference participants contend that technological advances in the wake of these epidemics saved many lives and increased the life span of numerous others, but failed to provide for long-range health care and social and vocational rehabilitation services to this disabled population. As a result, unreasonable demands are being made upon existing acute care and rehabilitation services, and a broad based, multidisciplinary consolidation effort of all involved sectors is needed to meet the current crisis. Polio survivors and other technology-dependent people today have medical, economic, social, and psychological problems. Today's medical community is increasingly unfamiliar with polio; there are shortages of equipment and trained care providers. Many survivors suffer from additional medical problems related to inactivity as well as from alcohol and drug consumption. Economically, they are stymied by problems with insurance, third-party payment, and income maintenance. Moreover, polio survivors experience premature aging, which causes fear and loss of function and remains inadequately studied by the medical community. The respiratory-disabled person or any survivor who is technology dependent deserves a sense of medical security and an opportunity to lead a high-quality life which should include social integration. Tabular data, photographs, references with individual papers, and a list of conference participants are given. Program documents are appended. *Symposium held in Chicago, Ill., October 14-16, 1981.*

448 *Why Do Nursing Home Costs Vary. The Determinants of Nursing Home Costs.*
Howard Birnbaum, Christine Bishop, A. James Lee, and Gail Jensen
Health Care Financing Administration, Washington, DC.
1981, 13p
SHR-0010397 Pub. in Medical Care v19 n11 Nov 81 p1095-1107.

This article reviews the results of 11 related econometric cost analyses of nursing homes, developing single equation costs analyses for nursing homes in New York, Massachusetts, and Indiana and in the nation as a whole, as well as a multiequation model of nursing home behavior. These cost studies consistently found that facilities operated by nonprofit voluntary and government organizations had higher costs than for-profit nursing homes, by at least several dollars per day. Region was also significantly associated with operating costs, with per diem costs of homes in the Northeast being almost $4.00 greater than those in the West, and homes in the central and south regions having costs about $2.00 higher than those in the West. Facility size was generally unimportant in determining costs. The cost study also considered product characteristics, including certified level of care, measures of service availability and intensity, patient characteristics and turnover, and source of payment. The results suggested that it is not the level of care, but rather the associated nursing intensity that contributes to cost. Only a few kinds of patient status variables were significant in explaining costs, such as level of dependence in daily living activities and patient mix by diagnosis, but the effects of these variables were inconsistent. High patient turnover was associated with higher per diem costs. Some State regulations raised costs, such as life safety codes and certificate-of-need programs, and cost-controlling reimbursement regulations had created a situation where private paying patients appeared to be subsidizing public patients. Overall, these re-

sults indicate that appropriate rate-setting practices cannot be formulated directly on the basis of cost analyses. Tables and seven references are included.

449 *Worksite Health Promotion.*
Andrew J. Brennan
1982, 91p
SHR-0010317 Available from Human Sciences Press Inc., 72 Fifth Avenue, New York, NY 10011.

This issue focuses on education for improving the personal health behavior of employees through programs provided by the employer. It explores the motivations, expected benefits, and rationale for employee programs of companies that have elected to provide programs of individual health improvement. Three programs are presented as examples of those currently provided by large corporations: the pioneering programs of Metropolitan Life Insurance Company, IBM's Plan for Life Program, and AT and T's Breast Cancer Education Program for women employees. Five articles give an overview of the interests of businesses and their experience with health promotion, including the corporate rewards as perceived in the board room, characteristics of viable business-sponsored programs, the costs and benefits associated with worksite programs, and the history of health education at the workplace. One paper focuses on insurance companies' interest in health promotion, while another discusses the danger of expecting too much from health education. A final paper examines the interaction between government and business in workplace education for health promotion, outlining the roles that Federal agencies are assuming. Chapter references are provided. *Author abstract modified. "Health Education Quarterly" v9 Fall 1982 (special issue).*

450 *Young Children and Social Policy.*
William M. Bridgeland, and Edward A. Duane
1982, 215p
SHR-0010204 Available from Sage Publications, PO Box 3006, Beverly Hills, CA 90212.

The volume outlines salient needs and concerns related to the young child. Articles suggest guidelines for program evaluation and offer empirically based programmatic recommendations. Specific sections focus on major value questions, the issue of policy actors and process, particular areas concerned with the young child, education of the young child, and family concerns. Problems with the way American society deals with children's needs are identified; social science research that has affected social policy is discussed, with emphasis on the followup studies of the Consortium for Longitudinal Studies; and findings from an examination of evaluation studies funded by HEW in 1974 to 1975 are presented. Other articles examine relationships between early childhood groups in Michigan, California, and New York; spending inequalities for children's programs in Texas; the problem of childhood lead toxicity; and evidence supporting comprehensive early childhood education for disadvantaged children. In addition, particular papers deal with the future of Head Start, alternatives to institutionalized day care settings, natural helping networks in alleviating family stress, and Puerto Rican working mothers' attitudes toward child care. Other topics of discussion include parents' choice of day care services and changing conceptions of early childhood intervention. Study data and footnotes accompany the papers. *"Annals of The American Academy of Political and Social Science" v461 May 82 (special issue).*

List of Authors

Agranoff, Robert
Human Services on a Limited Budget.

Alcohol, Drug Abuse, and Mental Health Administration, Rockville, MD. Div. of Prevention.
ADAMHA Prevention Policy and Programs, 1979-1982.

Alfaro, Jose
Case Studies of the In-Home Service Delivery Systems in Three Service Areas, Volume II.
Criteria to Determine the Adequacy of In-Home Services in a Community, Volume I.

American Association of Homes for the Aging, Washington, DC.
Resident Decision-Making in Homes for the Aging: A Technical Assistance Manual.

American Enterprise Inst. for Public Policy Research, Washington, DC.
Medicaid Reimbursement of Nursing-Home Care.

American Hospital Association, Chicago, IL.
Planning Hospital Health Promotion Services for Business and Industry.

American Institutes for Research in the Behavioral Sciences, Palo Alto, CA.
Agencies Working Together: A Guide to Coordination and Planning.

Applebaum, Robert Alan
Assessing the Effectiveness of Providing Community Care for the Elderly and Disabled.

Aronowitz, Eugene
Prevention Strategies for Mental Health.

Aurora Associates, Inc., Washington, DC.
Assessing and Improving State Social Service Programs, Volume I.
Assessing and Improving State Social Service Programs, Volume II.

Austin, David M.
Program Design Issues in the Improved Administration of Human Services Programs.

Austin, Michael J.
Evaluating Your Agency's Programs.

Baden, Ruth Kramer
School-Age Child Care: An Action Manual.

Bader, Barry S.
Planning Hospital Health Promotion Services for Business and Industry.

Baldwin, C. Beth
Capturing the Change: The Impact of Indochinese Refugees in Orange County: Challenges and Opportunities.

Baldwin, Victor
Severely Handicapped/Hearing Impaired Students: Strengthening Service Delivery.

Barber, Putnam
Fundamental Practices for Success with Volunteer Boards of Non-Profit Organizations: A Self-Assessment and Planning Guide.

Baumgarten, Allan
Evaluation of Community Residential Programs for Mentally Retarded Persons.

Bencala, Rose
Hospice Care Demonstration Project: A Study of Two Models of Hospice Home Care Delivery.

Benjamin, Jack
Evaluation of Community Residential Programs for Mentally Retarded Persons.

Benker, Karen
Block Grants: A New Chance for State Legislatures to Oversee Federal Funds.

Berger, Renee A.
Public-Private Partnership in American Cities: Seven Case Studies.

Berkeley Planning Associates, CA.
Assessing Case Management in the Child Abuse Field.

Berman, Harry J.
Setting Priorities: Community Perceptions of Needed Services.

Biegel, David E.
Community Support Systems and Mental Health: Practice, Policy, and Research.

Birnbaum, Howard
Why Do Nursing Home Costs Vary. The Determinants of Nursing Home Costs.

Bishop, Christine
Why Do Nursing Home Costs Vary. The Determinants of Nursing Home Costs.

Bolton, Nancy
Development and Testing of a Process-Outcome Evaluation Instrument Measuring Quality of Care in Nursing Homes as Perceived by Residents.

Bond, Jessie
Organizing for Local Fundraising: Self-Sufficiency for the 80s.

Boys, Grace A.
Systems Approach to Primary Prevention.

Brennan, Andrew J.
Worksite Health Promotion.

Bridgeland, William M.
Young Children and Social Policy.

Briggs, Thomas L.
Teamwork in the Personal Social Services and Health Care: British and American Perspectives.

Brndjar, John M.
Hospice Saint John: A Three Year Demonstration of Hospice Care.

Brookings, Jeff B.
Responses to Battered Women: Problems and Strategies.

Brooks, Ronnie
Positive Alternative: Redesigning Public Service Delivery.

Brown, Clifford E.
Responses to Battered Women: Problems and Strategies.

Brown, Kathleen M.
Keys to Making a Volunteer Program Work: A Guide for Organizations That Use Volunteers.

Burton, Brenda S.
Aging of the Baby Boom Generation and Its Impact Upon Health Care.

Butynski, William
Status of State Legislation and Research on Health Insurance Coverage for Alcoholism Treatment.

California State Office of the Legislative Analyst, Sacramento.
Community Education of Children Residing in State Hospitals.

California Univ., Santa Barbara. Urban Economics Program.
Municipal Government Revenue Sources in Post Proposition 13 California (Alternatives for Local Policy Makers To Finance Municipal Services).

Campbell, Bob
Severely Handicapped/Hearing Impaired Students: Strengthening Service Delivery.

Cantor, Margorie
Strengthening Informal Supports for the Aging: Theory, Practice, and Policy Implications.

Caro, Francis G.
Care for the Disabled: Family and Public Responsibilities.
Demonstrating Community-Based Long Term Care in the United States: An Evaluation Research Perspective.
Family Care of the Elderly: Public Initiatives and Private Obligations.

Cato, Carol E.
Rehabilitation of Clients With Specific Learning Disabilities.

Caulfield, Lee Andrea
Quality Assurance: A Study of Patient Care Evaluation Programs in Acute Care Hospitals With Emphasis on Social Service Patient Care Evaluation.

Center for Community Organizations, Arlington, VA.
Organizing for Local Fundraising: Self-Sufficiency for the 80s.

Center for Public Representation, Madison, WI.
Senior Citizens and the Law.

Center for Public Resources, New York.
On the Fringe of Benefits: Working Parents and the Corporation.

Child Care Information Exchange, Redmond, WA.
Employers and Child Care.

Child Welfare League of America, Inc., New York.
On the Road to Permanency: An Expanded Data Base for Service to Children in Foster Care.

Children's Defense Fund, Washington, DC.
Employed Parents and Their Children: A Data Book.

Christenson, Robert A.
Volunteering Is for Winners. A Guide for the Helper, the Program Manager, and the Organization.

Chung, Douglas Kuei-Nan
Pilot Study of a Volunteer Intervention Model in Helping Chronically Mentally-Disabled Patients Adjust to Community Placement.

Citizens League, Minneapolis, MN.
Positive Alternative: Redesigning Public Service Delivery.

Cohn, Anne H.
Assessing Case Management in the Child Abuse Field.

Committee for Economic Development, New York.
Public-Private Partnership in American Cities: Seven Case Studies.

Committee for Economic Development, New York Research and Policy Committee.
Public-Private Partnership: An Opportunity for Urban Communities.

Community Research Applications, Inc., Bronx, NY.
Case Studies of the In-Home Service Delivery Systems in Three Service Areas, Volume II.
Criteria to Determine the Adequacy of In-Home Services in a Community, Volume I.

Community Service Society of New York.
Family Care of the Elderly: Public Initiatives and Private Obligations.

Community Service Society of New York. Inst. for Social Welfare Research.
Care for the Disabled: Family and Public Responsibilities.
Demonstrating Community-Based Long Term Care in the United States: An Evaluation Research Perspective.

Community Service Society of New York. Natural Supports Program.
Strengthening Informal Supports for the Aging: Theory, Practice, and Policy Implications.

Community Technical Assistance Center, Pittsburgh, PA.
Accounting for Nonprofit Organizations.

Connecticut Univ., West Hartford. School of Social Work.
Parents of Children in Placement: Perspectives and Programs.

Conservation Foundation, Washington, DC.
Aging in Place: Strategies to Help the Elderly Stay in Revitalizing Neighborhoods.

Cox, Gary
Evaluating Your Agency's Programs.

Craig, Dorothy P.
Fundamental Practices for Success with Volunteer Boards of Non-Profit Organizations: A Self-Assessment and Planning Guide.

Daiches, Sol
Protective Services Risk Assessment: A New Approach to Screening Adult Clients.
Risk Assessment: A Guide for Adult Protective Service Workers.

Daines, Geraldine Goenett
American Indian Elderly: Needs Assessment and Student Training Model.

Davis, Betty J.
Live-in Companion Referral Service.

Day, Suzanne Rie
Measuring Geriatric Home Care Utilization, Effects, and Costs.

Dayton, Charles W.
Agencies Working Together: A Guide to Coordination and Planning.

Decker, Larry E.
Community, Educational, and Social Impact Perspectives.

Decker, Philip G.
Hospice Saint John: A Three Year Demonstration of Hospice Care.

DeGraaf, Beverly
Assessing Case Management in the Child Abuse Field.

Dengler, Claudia
Juvenile Justice Management Training Program Manual.

Department of Defense, Washington, DC.
Director's Manual for the Child Guidance Series and Child Environment Series.

Department of Health and Human Services, Boston, MA. Region I.
Case Management in Mental Health Services.

Dodge, William R.
Strategic Planning: An Approach to Launching New Initiatives in an Era of Retrenchment.

Douglas, Earl
Instrument-Based Program Monitoring System: A New Tool for Day Care Monitoring. Volume 4: System Documentation for Pennsylvania's Instrument-Based Program Monitoring System.

Dozier, Cynthia E.
Effects of a Pre-Retirement Preparation Program for Elderly Employees Forced to Retire.

Duane, Edward A.
Young Children and Social Policy.

Duchesne, Edmond
Guide to Social Service Accounting.

Duke, Kathryn
Adult Day Health: A Promising Venture for CBOs.
Development of Long-Term Care Ventures.

Eadie, Douglas
Strategic Planning: An Approach to Launching New Initiatives in an Era of Retrenchment.

Elliott, Phyllis T.
Human Services Management Transfer Project. Final Report on Activities Accomplished in Year Three.

Ellis, Susan J.
Children as Volunteers.

Energize Associates, Philadelphia, PA.
Children as Volunteers.

Evans, Sandra B.
Human Services Management Transfer Project. Final Report on Activities Accomplished in Year Three.

Ezell, Annette Schram
Cross-Boundary Power Related to Interagency Relationships Between Community Agencies.

Fanshel, David
On the Road to Permanency: An Expanded Data Base for Service to Children in Foster Care.

Farnsworth, Mary L.
Accounting for Nonprofit Organizations.

Fiene, Richard J.
Instrument-Based Program Monitoring System: A New Tool for Day Care Monitoring. Volume 4: System Documentation for Pennsylvania's Instrument-Based Program Monitoring System.

Fink, Arlene
Evaluation Basics: A Practitioner's Manual.

Fink, Norman S.
Costs and Benefits of Deferred Giving.

Fitzgerald, Laurie
Installing Quality Circles: A Strategic Approach.

Florida State Dept. of Health and Rehabilitative Services, Tallahassee. Office of Evaluation.
Assessing Permanency Planning in Florida's Foster Care System: A Look at the Implementation and Effects of the 1980 Revisions to Section 409.168, F.S.
Continuum of Care for the Aged and Disabled Adults.
Evaluation of Florida's Home Care for the Elderly and Adult Home Programs.
Intensive Crisis Counseling Programs (ICCP).

Follmann, Joseph F.
Helping the Troubled Employee.

Fosler, R. Scott
Public-Private Partnership in American Cities: Seven Case Studies.

Frankfather, Dwight L.
Family Care of the Elderly: Public Initiatives and Private Obligations.

Friedman, Dana
On the Fringe of Benefits: Working Parents and the Corporation.

Fun Prax Associates, Seattle, WA.
Fundamental Practices for Success with Volunteer Boards of Non-Profit Organizations: A Self-Assessment and Planning Guide.

Gagnon, Donna
Juvenile Justice Management Training Program Manual.

Garner, Howard G.
Teamwork in Programs for Children and Youth: A Handbook for Administrators.

Garrick, Michael A.
Descriptive Profile of Adult Day Health Clients.

Gelman, Sheldon R.
Board of Directors and Agency Accountability.

General Accounting Office, Washington, DC. Human Resources Div.
Family Planning Clinics Can Provide Services at Less Cost but Clearer Federal Policies Are Needed.

Genser, Andrea
School-Age Child Care: An Action Manual.

Getts, Carol V.
Proposals for Restructuring Tax Incentives for Health Insurance.

Getzel, George S.
Helping Elderly Couples in Crisis.

Gibelman, Margaret
Public Purchase of Voluntary Agency Services: Assessing the Impact on Social Service Delivery.

Gilmartin, Kevin J.
Agencies Working Together: A Guide to Coordination and Planning.

Gilroy, Patricia A.
Supervision in Home Care: A Training Guide for Instructors.

Gottlieb, Naomi
Evaluating Your Agency's Programs.

Grant, J. Douglas
Reforming Human Services: Change Through Participation.

Greenman, Barbara W.
Altering Incentives in Health Care Delivery.

Grimaldi, Paul L.
Medicaid Reimbursement of Nursing-Home Care.

Hanaway, Lorraine
Three-in-One House: A Guide to Organizing and Operating a House for Three Older Persons.

Harman, John D.
Volunteerism in the Eighties: Fundamental Issues in Voluntary Action.

Hartzke, Larry
Integrating State Programs for Cost Containment.

Hawkins, David J.
Evaluating Your Agency's Programs.

Hayeck, Elie Georges
Analysis, Design and Implementation of an On-line Patient Information System in a Multi-Clinic Environment.

Hayes, James Michael
Juvenile Justice Management Training Program Manual.

Hermalin, Jared
Evaluation and Prevention in Human Services.

Herrick, William
Computer Assisted Rehabilitation Service Delivery.

Hill, Kathleen Spangler
Comparative Assessment of Two Job Search Assistance Programs in a Local Employment and Training Agency.

Hirschhorn, Larry
Cutting Back: Retrenchment and Redevelopment in Human and Community Services.

Hoffman, Margaret Gross
Comparison of Three Survey Methods for Obtaining Community Input for Community Services.

Holmes, Douglas
Case Studies of the In-Home Service Delivery Systems in Three Service Areas, Volume II.
Criteria to Determine the Adequacy of In-Home Services in a Community, Volume I.

Holmes, Monica
Case Studies of the In-Home Service Delivery Systems in Three Service Areas, Volume II.
Criteria to Determine the Adequacy of In-Home Services in a Community, Volume I.

Home Care Research, Inc., Frederick, MD.
Three-in-One House: A Guide to Organizing and Operating a House for Three Older Persons.

Hopkins, Dennis D.
Pennsylvania's HSA/AAA Long-Term Care Planning and Development Model Project, Volume I.
Pennsylvania's HSA/AAA Long-Term Care Planning and Development Model Project, Volume II.

Horowitz, Amy
Adult Children as Caregivers to Elderly Parents: Correlates and Consequences.

Hospice of Seattle, WA.
Hospice Care Demonstration Project: A Study of Two Models of Hospice Home Care Delivery.

Immigrant and Refugee Planning Center, Santa Ana, CA.
Capturing the Change: The Impact of Indochinese Refugees in Orange County: Challenges and Opportunities.

Indianapolis Settlements, Inc., IN.
Live-in Companion Referral Service.

Informatics, Inc., Rockville, MD.
Target: Alcohol Abuse in the Hard-to-Reach Work Force. Ideas and Resources for Responding to Problems of the Hard-to-Reach Work Force.

Institute for Health Planning, Inc., Madison, WI.
Integrating State Programs for Cost Containment.
Proposals for Restructuring Tax Incentives for Health Insurance.

Institute for Health Planning, Madison, WI.
Altering Incentives in Health Care Delivery.
Medicare and Medicaid: Incremental Change in Health Care Financing.
Strategies for Controlling Health Costs.

Institute of Policy Analysis, Eugene, OR.
Studying Policy Implementation: A Conceptual Framework.

International City Management Association, Washington, DC.
Human Services on a Limited Budget.
Managing With Less. A Book of Readings.

Jensen, Gail
Why Do Nursing Home Costs Vary. The Determinants of Nursing Home Costs.

Jentsch, David P.
Social Work in Hospitals.

Johnson, Robert
Organizing for Local Fundraising: Self-Sufficiency for the 80s.

Jones, Lynn Dickey
Planning Hospital Health Promotion Services for Business and Industry.

Kahn, Alfred J.
Helping America's Families.

Kamerman, Sheila
Strengthening Informal Supports for the Aging: Theory, Practice, and Policy Implications.

Kamerman, Sheila B.
Helping America's Families.

Kaye, Lenard W.
Home Care Services for Older People: An Organizational Analysis of Provider Experience.

Keller, Elizabeth K.
Managing With Less. A Book of Readings.

Keller, William
Effects of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program on the Health Status of Participants in Michigan.

Kosecoff, Jacqueline
Evaluation Basics: A Practitioner's Manual.

Kruzich, Jean M.
Evaluating Your Agency's Programs.

LaPlante, Leo F.
Pennsylvania's HSA/AAA Long-Term Care Planning and Development Model Project, Volume I.
Pennsylvania's HSA/AAA Long-Term Care Planning and Development Model Project, Volume II.

Larsen, Jo
Fundamental Practices for Success with Volunteer Boards of Non-Profit Organizations: A Self-Assessment and Planning Guide.

Lee, A. James
Why Do Nursing Home Costs Vary. The Determinants of Nursing Home Costs.

Leichter, Hope
Strengthening Informal Supports for the Aging: Theory, Practice, and Policy Implications.

Levin, Joshua
Cost-Saving Strategies for Local Governments.

Levine, James A.
School-Age Child Care: An Action Manual.

Lewis, David T.
Promoting the Well-Being of the Elderly: A Community Diagnosis.

Lonsdale, Susan
Teamwork in the Personal Social Services and Health Care: British and American Perspectives.

Loretto Geriatric Center, Syracuse, NY.
Development and Testing of a Process-Outcome Evaluation Instrument Measuring Quality of Care in Nursing Homes as Perceived by Residents.

Lowy, Louis
Social Policies and Programs on Aging: What Is and What Should Be in the Later Years.

Lund, Judi
Fundraising for Hospices (...and Other Community-Based Human Service Groups).

Lutheran Welfare Service of Northeastern Pennsylvania, Inc., Kingston.
Hospice Saint John: A Three Year Demonstration of Hospice Care.

Magill, Greta
Medicare and Medicaid: Incremental Change in Health Care Financing.

Majohrzak, A.
Assessing and Improving State Social Service Programs, Volume I.
Assessing and Improving State Social Service Programs, Volume II.

Maluccio, Anthony N.
Parents of Children in Placement: Perspectives and Programs.

Massachusetts Halfway Houses, Inc., Boston.
Juvenile Justice Management Training Program Manual.

Mayrand, Lionel E.
Guide to Social Service Accounting.

McCaw, Kathleen J.
Descriptive Profile of Adult Day Health Clients.

McEvoy, Alan
Responses to Battered Women: Problems and Strategies.

McIntosh, Elaine
Hospice Care Demonstration Project: A Study of Two Models of Hospice Home Care Delivery.

Meditz, J.
Development and Testing of a Process-Outcome Evaluation Instrument Measuring Quality of Care in Nursing Homes as Perceived by Residents.

Mendlovitz, Al A.
Nurses Shift Gears: The Conservation and Maximization of Human Resources for the Benefit of Resident Care.

Mertz, Fred
Committee on Street People: Final Report.

Metzler, Howard C.
Costs and Benefits of Deferred Giving.

Milman, Robert N.
Nurses Shift Gears: The Conservation and Maximization of Human Resources for the Benefit of Resident Care.

Minnesota Office of the Legislative Auditor, St. Paul. Program Evaluation Div.
Evaluation of Community Residential Programs for Mentally Retarded Persons.

Minnesota Univ., Minneapolis. Center for Educational Policy Studies.
Developmental Disabilities and Public Policy: A Review for Policymakers.

Morell, Jonathan A.
Evaluation and Prevention in Human Services.

Morris, John
Case Studies of the In-Home Service Delivery Systems in Three Service Areas, Volume II.
Criteria to Determine the Adequacy of In-Home Services in a Community, Volume I.

Morris, Sylvia
Use of Group Services in Permanency Planning for Children.

Morrison, Malcolm H.
Economics of Aging: The Future of Retirement.

Morse, Janice M.
Cross-Boundary Power Related to Interagency Relationships Between Community Agencies.

Mostwin, Danuta
Social Dimension of Family Treatment.

Murphy, Joseph
Installing Quality Circles: A Strategic Approach.

Myers, Phyllis
Aging in Place: Strategies to Help the Elderly Stay in Revitalizing Neighborhoods.

Naparstek, Arthur J.
Community Support Systems and Mental Health: Practice, Policy, and Research.

National Conference of State Legislatures, Denver, CO. Fiscal Affairs Program.
Block Grants: A New Chance for State Legislatures to Oversee Federal Funds.

National Home Caring Council, Inc., New York.
Supervision in Home Care: A Training Guide for Instructors.

Nelson, Donald T.
Thirteen Most Common Fund-Raising Mistakes and How To Avoid Them.

New England Center for Continuing Education, Durham, NH.
Guide to Social Service Accounting.

New York City Human Resources Administration. Project Focus.
Protective Services Risk Assessment: A New Approach to Screening Adult Clients.
Risk Assessment: A Guide for Adult Protective Service Workers.

Nixon, Mark G.
Instrument-Based Program Monitoring System: A New Tool for Day Care Monitoring. Volume 4: System Documentation for Pennsylvania's Instrument-Based Program Monitoring System.

Nordhoff, Nancy S.
Fundamental Practices for Success with Volunteer Boards of Non-Profit Organizations: A Self-Assessment and Planning Guide.

North Central Pennsylvania Regional Planning and Development Commission, Ridgway.
Health Education and Social Service/Primary Care Coordination Demonstration Project for a Rural Area: Outreach Project.

North Texas State Univ., Denton. Center for Studies in Aging.
Home Health Care: An Overview.

North Texas State Univ., Denton. Center for Studies on Aging.
Aging of the Baby Boom Generation and Its Impact Upon Health Care.

Odell, Barbara Gill
Promoting the Well-Being of the Elderly: A Community Diagnosis.

Openshaw, Linda Leek
School Social Work and the Handicapped: Assessment and Training.

Ozarow, Ray
Employment Service Concepts.

Paine, Whiton Stewart
Job Stress and Burnout: Research, Theory, and Intervention Perspectives.

Pannier, Elizabeth Ann
Hospice Care Giver: A Qualitative Study.

Parris, Kenneth M.
Municipal Government Revenue Sources in Post Proposition 13 California (Alternatives for Local Policy Makers To Finance Municipal Services).

Patchen, R.
Assessing and Improving State Social Service Programs, Volume I.
Assessing and Improving State Social Service Programs, Volume II.

Patton, Michael Quinn
Practical Evaluation.

Pehrson, Kyle L.
Study of the Effects of Parent Education and Training on Self-Assessed Parental Attitudes.

Penney, Anne Rankin
Model for Initiation and Administration of Prevention Services in a Community Mental Health Center.

Pennsylvania Dept. of Aging, Harrisburg. Bureau of Program and Field Operations.
Pennsylvania's HSA/AAA Long-Term Care Planning and Development Model Project, Volume I.

Pennsylvania Dept. of Public Welfare, Harrisburg. Childrens Services Monitoring Transfer Consortium.
Instrument-Based Program Monitoring System: A New Tool for Day Care Monitoring. Volume 4: System Documentation for Pennsylvania's Instrument-Based Program Monitoring System.

Pennsylvania Dept. on Aging, Harrisburg. Bureau of Program and Field Operations.
Pennsylvania's HSA/AAA Long-Term Care Planning and Development Model Project, Volume II.

Perlmutter, Felice Davidson
Mental Health Promotion and Primary Prevention.

Peterson, Paul J.
Hospice Saint John: A Three Year Demonstration of Hospice Care.

Poertner, John
Setting Priorities: Community Perceptions of Needed Services.

Poison, Lynn
Cost-Saving Strategies for Local Governments.

Pomeranz, William
Adult Day Health: A Promising Venture for CBOs.
Development of Long-Term Care Ventures.

Ponoma Coll., Claremont, CA.
Costs and Benefits of Deferred Giving.

Provencher, Paul G.
Institutional Model of Treatment for Mentally Ill Persons.

Raper, Ann Trueblood
Resident Decision-Making in Homes for the Aging: A Technical Assistance Manual.

Ratliff, Bascom W.
Social Work in Hospitals.

Rehabilitation Inst. of Chicago, IL. Education and Training Center.
What Ever Happened to the Polio Patient. Proceedings of an International Symposium.

Rettman, Janice
Committee on Street People: Final Report.

Rogers, Charles J.
Hospice Saint John: A Three Year Demonstration of Hospice Care.

Rogers, David L.
Interorganizational Coordination: Theory, Research, and Implementation.

Roseman, Edward
Managing the Problem Employee.

Rosenberg, Steven
Adult Day Health: A Promising Venture for CBOs.
Development of Long-Term Care Ventures.

Rosow, Jerome M.
New Work Schedules for a Changing Society.
Productivity Through Work Innovations.

Rossi, Robert J.
Agencies Working Together: A Guide to Coordination and Planning.

Royall, Ruth
Delivery of Rehabilitation Services to Inner City Nonwhites.

Russo, J. Robert
Serving and Surviving as a Human-Service Worker.

Salzman, Cynthia
Hospice Care Demonstration Project: A Study of Two Models of Hospice Home Care Delivery.

Sanborn, Charlotte J.
Case Management in Mental Health Services.

Sangamon State Univ., Springfield, IL. Center for Community and Regional Studies.
Setting Priorities: Community Perceptions of Needed Services.

Scheer, Marie
Evaluation of Community Residential Programs for Mentally Retarded Persons.

Schelbal, James
Committee on Street People: Final Report.

Schneider, Anne L.
Studying Policy Implementation: A Conceptual Framework.

Schneiter, Paul H.
Thirteen Most Common Fund-Raising Mistakes and How To Avoid Them.

Schoeny, Donna Heger
Community, Educational, and Social Impact Perspectives.

Schroeder, A.
Assessing and Improving State Social Service Programs, Volume I.
Assessing and Improving State Social Service Programs, Volume II.

Science Management Corp., Washington, DC.
Status of State Legislation and Research on Health Insurance Coverage for Alcoholism Treatment.

Seligson, Michelle
School-Age Child Care: An Action Manual.

Sinanoglu, Paula A.
Parents of Children in Placement: Perspectives and Programs.

Smith, Bert Kruger
Looking Forward: New Options for Your Later Years.

Smith, Michael J.
Family Care of the Elderly: Public Initiatives and Private Obligations.

Smith, Robert V.
Health Education and Social Service/Primary Care Coordination Demonstration Project for a Rural Area: Outreach Project.

Snowden, Lonnie R.
Reaching the Underserved: Mental Health Needs of Neglected Populations.

Stone, Robert Peter
Evaluation of Professional Standards Review Organizations.

Sumariwalla, Russy D.
Needs Assessment: The State of the Art. A Guide for Planners, Managers, and Funders of Health and Human Care Services.

Syracuse Univ. School of Social Work, NY. Div. of Continuing Education and Manpower Development.
Teamwork in the Personal Social Services and Health Care: British and American Perspectives.

Texas Advisory Commission on Intergovernmental Relations, Austin.
Cost-Saving Strategies for Local Governments.

Timberlake, Elizabeth M.
Social Work in Hospitals.

Tobin, David
Organizing for Local Fundraising: Self-Sufficiency for the 80s.

Toch, Hans
Reforming Human Services: Change Through Participation.

United Cerebral Palsy Associations, Inc., New York.
Employment Service Concepts.

United Way of America, Alexandria, VA. Planning and Allocations Div.
Needs Assessment: The State of the Art. A Guide for Planners, Managers, and Funders of Health and Human Care Services.

University of Southern California, Washington, DC. Washington Public Affairs Center.
Community Support Systems and Mental Health: Practice, Policy, and Research.

Vineyard, Sue
Fundraising for Hospices (...and Other Community-Based Human Service Groups).

Virginia Univ., Charlottesville. Mid-Atlantic Center for Community Education.
Community, Educational, and Social Impact Perspectives.

Walko, Donald R.
Accounting for Nonprofit Organizations.

Wan, Thomas T.
Promoting the Well-Being of the Elderly: A Community Diagnosis.

Ward, Sharon Young
Home Health Care: An Overview.

Washington Dept. of Social and Health Services, Olympia. Program Research and Evaluation Section.
Descriptive Profile of Adult Day Health Clients.

Washington Univ., Seattle. Center for Social Welfare Research.
Evaluating Your Agency's Programs.

Webb, Adrian
Teamwork in the Personal Social Services and Health Care: British and American Perspectives.

Welfare Research Inc., Albany, NY.
Human Services Management Transfer Project. Final Report on Activities Accomplished in Year Three.

Wellesley Coll., MA. School-Age Child Care Project.
School-Age Child Care: An Action Manual.

Wenston, Sylvia Ridlen
Social Work Consultation for Small Hospitals.

Westchester County Dept. of Community Mental Health, White Plains, NY.
Prevention Strategies for Mental Health.

Wharton School of Finance and Commerce, Philadelphia, PA. Management and Behavioral Science Center.
Cutting Back: Retrenchment and Redevelopment in Human and Community Services.

Whetten, David A.
Interorganizational Coordination: Theory, Research, and Implementation.

Whitesel, Nan R.
Pennsylvania's HSA/AAA Long-Term Care Planning and Development Model Project, Volume I.
Pennsylvania's HSA/AAA Long-Term Care Planning and Development Model Project, Volume II.

Wilner, Mary Ann
Shared Living for Elders: A Viable Alternative.

Wisconsin Univ.-Stout, Menomonie. Research and Training Center.
Delivery of Rehabilitation Services to Inner City Nonwhites.

Witkin, Janet L.
Shared Living for Elders: A Viable Alternative.

Work in America Inst., Inc., Scarsdale, NY.
New Work Schedules for a Changing Society.

Work in America Inst., Scarsdale, NY.
Productivity Through Work Innovations.

Yenney, Sharon
Planning Hospital Health Promotion Services for Business and Industry.

Yondorf, Barbara
Block Grants: A New Chance for State Legislatures to Oversee Federal Funds.

Yordi, Cathleen Lorene
Service Integration: The Impacts of a Comprehensive Continuum of Services for the Frail Elderly on the Quality and Cost of Long-Term Care.

Zager, Robert
New Work Schedules for a Changing Society.
Productivity Through Work Innovations.

List of Documents

	Abstract No.
Accounting for Nonprofit Organizations.	301
ADAMHA Prevention Policy and Programs, 1979-1982.	302
Adult Children as Caregivers to Elderly Parents: Correlates and Consequences.	303
Adult Day Health: A Promising Venture for CBOs.	304
Agencies Working Together: A Guide to Coordination and Planning.	305
Aging in Place: Strategies to Help the Elderly Stay in Revitalizing Neighborhoods.	306
Aging of the Baby Boom Generation and Its Impact Upon Health Care.	307
Altering Incentives in Health Care Delivery.	308
American Indian Elderly: Needs Assessment and Student Training Model.	309
Analysis, Design and Implementation of an On-line Patient Information System in a Multi-Clinic Environment.	310
Assessing and Improving State Social Service Programs, Volume I.	311
Assessing and Improving State Social Service Programs, Volume II.	312
Assessing Case Management in the Child Abuse Field.	313
Assessing Permanency Planning in Florida's Foster Care System: A Look at the Implementation and Effects of the 1980 Revisions to Section 409.168, F.S.	314
Assessing the Effectiveness of Providing Community Care for the Elderly and Disabled.	315
Block Grants: A New Chance for State Legislatures to Oversee Federal Funds.	316
Board of Directors and Agency Accountability.	317
Capturing the Change: The Impact of Indochinese Refugees in Orange County: Challenges and Opportunities.	318
Care for the Disabled: Family and Public Responsibilities.	319
Case Management in Mental Health Services.	320
Case Studies of the In-Home Service Delivery Systems in Three Service Areas, Volume II.	321
Children as Volunteers.	322
Committee on Street People: Final Report.	323
Community Education of Children Residing in State Hospitals.	324
Community, Educational, and Social Impact Perspectives.	325
Community Support Systems and Mental Health: Practice, Policy, and Research.	326
Comparative Assessment of Two Job Search Assistance Programs in a Local Employment and Training Agency.	327
Comparison of Three Survey Methods for Obtaining Community Input for Community Services.	328
Computer Assisted Rehabilitation Service Delivery.	329
Continuum of Care for the Aged and Disabled Adults.	330
Cost-Saving Strategies for Local Governments.	331
Cost and Benefits of Deferred Giving.	332
Criteria to Determine the Adequacy of In-Home Services in a Community, Volume I.	333
Cross-Boundary Power Related to Interagency Relationships Between Community Agencies.	334
Cutting Back: Retrenchment and Redevelopment in Human and Community Services.	335
Delivery of Rehabilitation Services to Inner City Nonwhites.	336
Demonstrating Community-Based Long Term Care in the United States: An Evaluation Research Perspective.	337
Descriptive Profile of Adult Day Health Clients.	338
Development and Testing of a Process-Outcome Evaluation Instrument Measuring Quality of Care in Nursing Homes as Perceived by Residents.	339
Development of Long-Term Care Ventures.	340
Developmental Disabilities and Public Policy: A Review for Policymakers.	341
Director's Manual for the Child Guidance Series and Child Environment Series.	342
Economics of Aging: The Future of Retirement.	343
Effects of a Pre-Retirement Preparation Program for Elderly Employees Forced to Retire.	344
Effects of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program on the Health Status of Participants in Michigan.	345

	Abstract No.
Employed Parents and Their Children: A Data Book.	346
Employers and Child Care.	347
Employment Service Concepts.	348
Evaluating Your Agency's Programs.	349
Evaluation and Prevention in Human Services.	350
Evaluation Basics: A Practitioner's Manual.	351
Evaluation of Community Residential Programs for Mentally Retarded Persons.	352
Evaluation of Florida's Home Care for the Elderly and Adult Home Programs.	353
Evaluation of Professional Standards Review Organizations.	354
Family Care of the Elderly: Public Initiatives and Private Obligations.	355
Family Planning Clinics Can Provide Services at Less Cost but Clearer Federal Policies Are Needed.	356
Fundamental Practices for Success with Volunteer Boards of Non-Profit Organizations: A Self-Assessment and Planning Guide.	357
Fundraising for Hospices (...and Other Community-Based Human Service Groups).	358
Guide to Social Service Accounting.	359
Health Education and Social Service/Primary Care Coordination Demonstration Project for a Rural Area: Outreach Project.	360
Helping America's Families.	361
Helping Elderly Couples in Crisis.	362
Helping the Troubled Employee.	363
Home Care Services for Older People: An Organizational Analysis of Provider Experience.	364
Home Health Care: An Overview.	365
Hospice Care Demonstration Project: A Study of Two Models of Hospice Home Care Delivery.	366
Hospice Care Giver: A Qualitative Study.	367
Hospice Saint John: A Three Year Demonstration of Hospice Care.	368
Human Services Management Transfer Project. Final Report on Activities Accomplished in Year Three.	369
Human Services on a Limited Budget.	370
Installing Quality Circles: A Strategic Approach.	371
Institutional Model of Treatment for Mentally Ill Persons.	372
Instrument-Based Program Monitoring System: A New Tool for Day Care Monitoring. Volume 4: System Documentation for Pennsylvania's Instrument-Based Program Monitoring System.	373
Integrating State Programs for Cost Containment.	374
Intensive Crisis Counseling Programs (ICCP).	375
Interorganizational Coordination: Theory, Research, and Implementation.	376
Job Stress and Burnout: Research, Theory, and Intervention Perspectives.	377
Juvenile Justice Management Training Program Manual.	378
Keys to Making a Volunteer Program Work: A Guide for Organizations That Use Volunteers.	379
Live-in Companion Referral Service.	380
Looking Forward: New Options for Your Later Years.	381
Managing the Problem Employee.	382
Managing With Less. A Book of Readings.	383
Measuring Geriatric Home Care Utilization, Effects, and Costs.	384
Medicaid Reimbursement of Nursing-Home Care.	385
Medicare and Medicaid: Incremental Change in Health Care Financing.	386
Mental Health Promotion and Primary Prevention.	387
Model for Initiation and Administration of Prevention Services in a Community Mental Health Center.	388
Municipal Government Revenue Sources in Post Proposition 13 California (Alternatives for Local Policy Makers To Finance Municipal Services).	389
Needs Assessment: The State of the Art. A Guide for Planners, Managers, and Funders of Health and Human Care Services.	390
New Work Schedules for a Changing Society.	391
Nurses Shift Gears: The Conservation and Maximization of Human Resources for the Benefit of Resident Care.	392
On the Fringe of Benefits: Working Parents and the Corporation.	393
On the Road to Permanency: An Expanded Data Base for Service to Children in Foster Care.	394
Organizing for Local Fundraising: Self-Sufficiency for the 80s.	395

	Abstract No.
Parents of Children in Placement: Perspectives and Programs.	396
Pennsylvania's HSA/AAA Long-Term Care Planning and Development Model Project, Volume I.	397
Pennsylvania's HSA/AAA Long-Term Care Planning and Development Model Project, Volume II.	398
Pilot Study of a Volunteer Intervention Model in Helping Chronically Mentally-Disabled Patients Adjust to Community Placement.	399
Planning Hospital Health Promotion Services for Business and Industry.	400
Positive Alternative: Redesigning Public Service Delivery.	401
Practical Evaluation.	402
Prevention Strategies for Mental Health.	403
Productivity Through Work Innovations.	404
Program Design Issues in the Improved Administration of Human Services Programs.	405
Promoting the Well-Being of the Elderly: A Community Diagnosis.	406
Proposals for Restructuring Tax Incentives for Health Insurance.	407
Protective Services Risk Assessment: A New Approach to Screening Adult Clients.	408
Public-Private Partnership: An Opportunity for Urban Communities.	409
Public-Private Partnership in American Cities: Seven Case Studies.	410
Public Purchase of Voluntary Agency Services: Assessing the Impact on Social Service Delivery.	411
Quality Assurance: A Study of Patient Care Evaluation Programs in Acute Care Hospitals With Emphasis on Social Service Patient Care Evaluation.	412
Reaching the Underserved: Mental Health Needs of Neglected Populations.	413
Reforming Human Services: Change Through Participation.	414
Rehabilitation of Clients With Specific Learning Disabilities.	415
Resident Decision-Making in Homes for the Aging: A Technical Assistance Manual.	416
Responses to Battered Women: Problems and Strategies.	417
Risk Assessment: A Guide for Adult Protective Service Workers.	418
School-Age Child Care: An Action Manual.	419
School Social Work and the Handicapped: Assessment and Training.	420
Senior Citizens and the Law.	421
Service Integration: The Impacts of a Comprehensive Continuum of Services for the Frail Elderly on the Quality and Cost of Long-Term Care.	422
Serving and Surviving as a Human-Service Worker.	423
Setting Priorities: Community Perceptions of Needed Services.	424
Severely Handicapped/Hearing Impaired Students: Strengthening Service Delivery.	425
Shared Living for Elders: A Viable Alternative.	426
Social Dimension of Family Treatment.	427
Social Policies and Programs on Aging: What Is and What Should Be in the Later Years.	428
Social Work Consultation for Small Hospitals.	429
Social Work in Hospitals.	430
Status of State Legislation and Research on Health Insurance Coverage for Alcoholism Treatment.	431
Strategic Planning: An Approach to Launching New Initiatives in an Era of Retrenchment.	432
Strategies for Controlling Health Costs.	433
Strengthening Informal Supports for the Aging: Theory, Practice, and Policy Implications.	434
Study of the Effects of Parent Education and Training on Self-Assessed Parental Attitudes.	435
Studying Policy Implementation: A Conceptual Framework.	436
Supervision in Home Care: A Training Guide for Instructors.	437
Systems Approach to Primary Prevention.	438
Target: Alcohol Abuse in the Hard-to-Reach Work Force. Ideas and Resources for Responding to Problems of the Hard-to-Reach Work Force.	439
Teamwork in Programs for Children and Youth: A Handbook for Administrators.	440
Teamwork in the Personal Social Services and Health Care: British and American Perspectives.	441

	Abstract No.
Thirteen Most Common Fund-Raising Mistakes and How To Avoid Them.	442
Three-In-One Houses: A Guide to Organizing and Operating a House for Three Older Persons.	443
Use of Group Services in Permanency Planning for Children.	444
Volunteering is for Winners. A Guide for the Helper, the Program Manager, and the Organization.	445
Volunteerism in the Eighties: Fundamental Issues in Voluntary Action.	446
What Ever Happened to the Polio Patient. Proceedings of an International Symposium.	447
Why Do Nursing Home Costs Vary. The Determinants of Nursing Home Costs.	448
Worksite Health Promotion.	449
Young Children and Social Policy.	450

Index

Abused children
313

Abused wives
417

Access to service (consumer)
See Consumer access to services

Accounting methods (agency)
See Agency accounting/auditing methods

Acutely ill
358, 366, 367, 368

Administration of human services planning
446

Administrative arrangements (organizational) re human services delivery
See Organization/administrative arrangements re human services delivery

Administrative linkage methods
405

Adults (dependent) (protective services for)
See Protective services for dependent adults

Adults (emotionally disturbed)
See Emotionally disturbed adults

Advocacy services (civil rights)
See Community human relations services

Advocacy services (client)
See Client advocacy

Agency accountability for grants/funds
359, 442

Agency accounting/auditing methods
301

Agency/community relationship techniques
328, 334

Alcohol abuse counseling services
439

Alcohol abuse education/information services
302

Alcohol abuse services
431

Analysis of evaluation of service system operations
337, 412

Auditing methods (agency)
See Agency accounting/auditing methods

Budgeting methods
331

Business development services
See Economic development services

Case coordination methods
444

Case management
313, 320

Child placement and counseling services
444

Children (protective services for)
See Protective services for children

Chore services
340

Chronically ill
362

Civil rights organizations (community)
See Community human relations services

Client advocacy
399

Client impact evaluation
375

Client records processing
310

Clients
See Human service clients by age groups

College/university research centers
328

College/university service educational departments
328

Communication mechanisms (interagency)
See Interagency communication mechanisms

Community clinic services
388

Community human relations services
426

Community information and organization services
395

Community organization and development services
304, 340

Community relationship techniques (agency)
See Agency/community relationship techniques

Compulsive gamblers
363

Computerized data and information systems
310, 329

Computerized data and management information systems
394

Consumer access to services
417

Coordinated assessment of individual client needs
309, 397, 398, 408, 418

Coordination (linkage methods re)
See Administrative linkage methods

Coordination methods (case)
See Case coordination methods

Coordination methods for organization/administrative arrangements re human services delivery
378, 419

Cost accounting (service system)
See Service system cost accounting

Cost criteria and standards
354, 433

Cost measurement/forecasting (service system)
See Service system cost measurement/forecasting

Cost savings caused by services integration
See Economic reasons for services integration

Cost sharing
331

Cost/effectiveness criteria and standards
356, 375

Counseling services (child placement)
See Child placement and counseling services

Counseling services (employment)
See Employment counseling

County planning
331

Criteria and standards
333

Data/information needed for planning re the elderly
303, 344, 406, 421, 422

Day care services
338, 342, 347, 373, 393, 450

Decentralized administrative/decentralized delivery arrangements
321

Decision making authority
416

Delivery of human services (or (organizational/administrative arrangements)
See Organization/administrative arrangements re human services delivery

Demographic data
346

Dependent adults (protective services for)
See Protective services for dependent adults

Depressed persons
363

Development services (community)
See Community organization and development services

Development services (economic)
See Economic development services

Developmentally disabled
320, 321, 333, 341, 352, 415

Diagnostic services
345

Disabled persons (physically)
See Physically disabled (long term/permanent)

Drug abuse education/information services
302

Drug abuse services
403

Economic development services
432

Economic reasons for services integration
331, 374

Economically disadvantaged
304, 327

Education services
324, 420, 425

Efficiency criteria and standards
See Criteria and standards

Elderly
321, 333, 416, 426

Emergency services
323

Emotionally disturbed adults
363

Employment counseling
327, 363, 391

Employment development services
See Job development services

Employment-related services
393, 414

Equipment and supplies (medical) (provision of)
See Provision of medical services, equipment, and supplies

Establishment/development of day care services
304, 419

Evaluation of human service agencies
317, 349, 417

Evaluation of human service agencies against standards
354

Evaluation of service system operations
350, 351, 402

Evaluation of service system operations at human service agencies
349, 436

Evaluation of service system operations at state human service agencies
373

Evaluation of service system operations for the elderly
309, 315, 338, 339, 353, 355, 360, 362, 364, 366, 368, 381, 406

Evaluation standards for service system operations
354

Evaluation via client satisfaction
412

Existing services (reorganization of)
See Reorganization of human services

Extended care and nursing home services
339, 358, 385, 397, 398, 448

Families with dependent children
346, 361, 393, 427

Family crisis intervention services (re abuse)
375

Family life education services
435

Family planning counseling services
356

Federal grants/funds for human services
316, 331

Federal-local government relationships
325

Federal-nonfederal government/private organization relationships
409, 411, 446

Federal planning
428

Federal reporting requirements
354

Financial assistance (emergency)
See Emergency services

Financial management re human service agency
See Human services agency financial management

Formal educational instruction services
325

Foster children
394, 396

Foster family care (services re)
See Services re foster family care

Foster home services
See Services re substitute living/residential arrangements

Fund raising
358, 389, 395, 442

Funding
331, 365, 370

Funds/grants (Federal) for human services
See Federal grants/funds for human services

Funds/grants (private) for human services
See Private grants/funds for human services

Genetic testing and evaluation services
403

Goal setting/policy making
325, 326, 450

Goal setting/policy making re the elderly
306, 307, 319, 326, 381, 434

Governance methods
See Methods of governance

Government funds/grants for human services
See Federal grants/funds for human services

Government role in planning
410

Grants/funds (Federal) for human services
See Federal grants/funds for human services

Grants/funds (private) for human services
See Private grants/funds for human services

Group home services
352, 443

Handicapped (mentally) persons
See Mentally handicapped

Handicapped (physically)
See Physically disabled (long term/permanent)

Health delivery services
354, 374, 386, 433

Health information and advocacy services
360, 399, 400, 449

Health insurance services
407, 431

Health maintenance organization services
See Prepaid health care services

Health services
307, 390, 428

Health services (self-help)
See Self-help health services

Hearing testing and evaluation services
425

HMO services
See Prepaid health care services

Home nursing services
315, 319, 321, 342, 355, 364, 366, 368, 384, 437

Home repair or renovation services
306

Homefinding services
See Services to aid in finding housing

Homemaker services
321, 333, 353, 365

Hospital services (inpatient)
See Inpatient hospital services

Housing assistance services (noninstitutional)
See Noninstitutional housing assistance services

Housing (services re substitute living/residential arrangements)
See Services re substitute living/residential arrangements

Human relations services (community)
See Community human relations services

Human service boards/councils/advisory panels
317, 357

Human service clients by age groups
434

Human service-related organizations
361

Human services agency financial management
386

Human services delivery (organizational/delivery arrangements re)
See Organization/administrative arrangements re human services delivery

Human services (reorganization of)
See Reorganization of human services

Identification of providers
303

Identification of service gaps/shortfalls
413

Impact evaluation (client)
See Client impact evaluation

Improved service delivery
336, 401

Indigents
323

Individual/direct consumer advice/guidance
421

Information and referral services (nonclient)
See Community information and organization services

Information services (community)

See Community information and organization services

Inpatient hospital services

310, 324, 430

Inpatient psychiatric services

399, 429

Instruction services (formal educational)

See Formal educational instruction services

Integrated service system models

397, 398

Integrative planning/programming theory and studies

440

Interagency communication mechanisms

334, 417

Interagency personnel loaning

305

Interlocal government relationships

331

Intersystem performance evaluation

311, 312, 404

Job development services

318

Job services

See Employment-related services

Joint planning

305

Joint use of staff

305

Juvenile delinquents

378

Lack of service delivery capabilities/capacity

423

Legal issues advocacy groups

428

Linkage methods (administrative)

See Administrative linkage methods

Living/residential arrangements (services re substitute)

See Services re substitute living/residential arrangements

Local government-private organization relationships

370

Local grants/funds for human services

383, 389

Local human service agencies

370

Local offices of management and budget

383

Local planning

370, 390, 432

Long-term nonhospital medically related institutional services

372, 392, 416, 422

Management by objectives

378

Management (governance) methods

See Methods of governance

Management reorganization strategies

335, 371

Management team governance

371

Manpower development services

See Employment-related services

Medicaid

345, 365, 385, 386, 428

Medical services, equipment, and supplies (provision of)

See Provision of medical services, equipment, and supplies

Medicare

385, 386, 428

Medicare supplementary

428

Mental health diagnostic/evaluation services

403

Mental health education/information services

302, 387

Mental health services

372, 413, 438

Mentally handicapped

348, 399, 420

Mentally ill

320, 326

Methods of governance

317

Minor students

322

Minorities

318, 326, 336

Minority adults

304, 309

Minors

324, 345, 440

Municipal government-private organization relationships

410

Municipal planning

331, 389, 409

Municipal planning capabilities/capacity

410

Needs measurement/forecasting methods

390

Needs prioritizing

420

Needs prioritizing for human service planning

390, 424

Needs prioritizing for the elderly

384, 406, 428, 434

Noncitizen adults

318

Nonfederal/private organization-Federal government relationships

See Federal-nonfederal government/private organization relationships

Noninstitutional housing assistance services

306, 428

Nonprofit service-related organizations

357

Occupational health and safety inspection services

377

Occupational health services

377

Organization/administrative arrangements re human service delivery

401, 405, 423

Organization/administrative arrangements re human service delivery for the elderly

304, 330, 340, 380, 381, 428, 443

Organization/administrative arrangements re mental health services delivery

388

Organizations related to human service

See Human service-related organizations

Organizing for human service planning for the elderly

355

Outpatient health services

399

Outpatient mental health services

326, 388

Outreach techniques

439

Outreach techniques for rural areas

360, 429

Parents

396, 435

Peer counseling

444

Performance evaluation (intersystem)

See Intersystem performance evaluation

Performance measurement/forecasting methods (service system)

See Service system performance measurement/forecasting methods

Personnel administration

382, 391, 392, 417

Personnel development/training

342, 351, 367, 371, 377, 378, 404, 414, 420, 423, 437, 449

Personnel development/training re services for the elderly

309

Physically disabled (long term/permanent)

319, 330, 337, 348, 355, 362, 420, 425, 447

Physically disadvantaged

321, 333

Planning for organization/administrative arrangements re human services delivery

387, 400

Planning theory and studies

432

Plan/program information sharing

305

Poor people

See Economically disadvantaged

Poorly housed/homeless persons

323

Prepaid health care services

308

Prioritizing (needs)

See Needs prioritizing

Private grants/funds for human services

332, 347, 424

Private nonprofit service delivery organizations

317, 347, 378

Private organization/nonfederal government-Federal government relationships

See Federal-nonfederal government/private organization relationships

Protective services for children

411

Protective services for dependent adults

408, 418

Provider access to funding

303

Provision of medical services, equipment, and supplies

447

Public health services

360

Public relations (agency techniques)

See Agency/community relationship techniques

Purchasing of services

411

Records processing (client)

See Client records processing

Recruitment, training and placement of volunteers

322, 357, 379, 445, 446

Regional service-related organizations

See Human service-related organizations

Rehabilitation services (housing)

See Home repair or renovation services

Renovation or repair services (home)

See Home repair or renovation services

Reorganization of human services

405

Residential arrangements (services re substitute living or)

See Services re substitute living/residential arrangements

Retarded (mentally) persons

See Mentally handicapped

Retired persons

343

Retirement preparation counseling

344

Retirement/pension services/programs

343

School services

See Education services

Self-help health services

326

Service accessibility (to consumers)

See Consumer access to services

Service delivery (organization/administrative arrangements re)

See Organization/administrative arrangements re human services delivery

Service-related organizations

See Human service-related organizations

Service system cost accounting

433

Service system cost measurement/forecasting

345, 448

Service system operations (evaluation of)

See Evaluation of service system operations

Service system performance measurement/forecasting methods

311, 312

Services re abuse/neglect

417

Services re foster family care

314, 353, 394, 396, 403, 444

Services re substitute living/residential arrangements

337

Services (reorganization of)

See Reorganization of human services

Services to aid in finding housing

323, 380, 426

Sheltered employment services
348

Short-term nonhospital medically related institutional services
367

Smokers
363

Social forecasting
343

Social security
343, 428

Special education for culturally disadvantaged
318

Staff (administration of)
See Personnel administration

Staff outstationing
305

Standards and criteria
See Criteria and standards

State administered services
311, 312, 314

State data and management information systems
311, 312

State human service agencies
341, 372

State legislatures
316, 431

State planning
311

State planning for the elderly
330, 397

State supervised services
321, 352

Students (minors)
See Minor students

Studies (planning theory and)
See Planning theory and studies

Substitute living/residential arrangements (services re)
See Services re substitute living/residential arrangements

Supplies and equipment (medical) (provision of)
See Provision of medical services, equipment, and supplies

Systems analysis
438

Team approach to case coordination
440, 441

Theory and studies (planning)
See Planning theory and studies

Therapeutic counseling
375, 377, 420, 427, 430

Transfer of technology
369

Transportation services
321

Use of consultant services
429

Vocational education services
415

Vocational rehabilitation services
329, 336

Voluntary role in planning
399, 410, 446

Voluntary/cooperative joint planning
410

★ U.S. GOVERNMENT PRINTING OFFICE: 1983-381-155:266